FOR STATE HEATH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, when the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the faneral director. Page 4 should be farwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

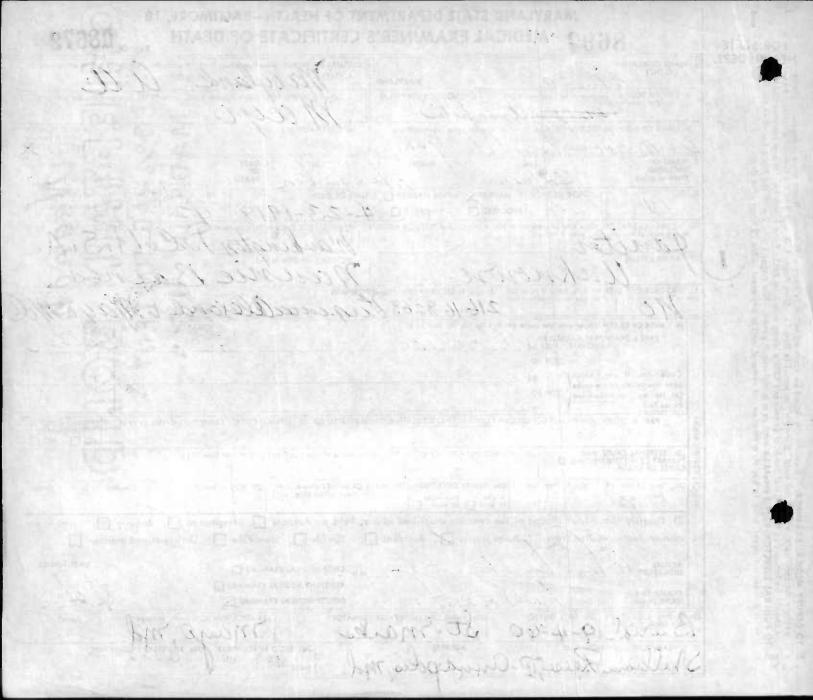
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	DistONS	36	7	2	
Reg.	Dist. No	. 0	-	N	

		PLACE OF DEATH O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O.
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) ALAGO (Innapolis) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	2	d. NAME OF HOSPITATION (If not in hospital give street oddress) O. A. Hone France. O. A. Hone France. O. D. M. Hone France.
	(NAME OF DECEASED (Type or print) First Middle A DATE OF DEATH Month Day Yeor GF DEATH AUG BO 1960
	5. S	MIDOWED DIVORCED 4-23-1918 Gost birthday Months Days Hours Min.
1	d	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign, country) 12. CITIZEN OF WHAT COUNTRY? Nashing file, even if relired)
	/	Luknown name Barnes
	IS. IVen.	Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT Address Address (If yes, give war or deles al territos) 216-16-8268 Jugina alexander Mayo Ma.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b)
	2	gave rise to immediate cause (a), stating the underlying course last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION	PERFORMED? YES NO
)		206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
	MEDICAL	20c, TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while of work at work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)
		21. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apinian death regular from: Natural couses Accident, Suicide, Hamicide, Undetermined manner
		ACTUAL SIGNATURE O DELLE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT ME
	220	EXAMINER'S F. FINALTROF DEPUTY MEDICAL EXAMINED 8/36/60
	22	5 with 9-4-60 st. marks mayo, ma
	3	Sulliam Selse IP-Cryapolis, Md. DATE SEP 1 '60 Jah. REGISTRAR'S SIGNATURE DATE SEP 1 '60 DATE SE



VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO IN Month Dov Year August 14th 10 60 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES lost birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Husband 711 Melrose St., Annapolis, Md. INTERVAL BETWEEN 20 minutes PERFORMED? YES TO NO (County) (Stote) and that death accurred at 8:20P M, from the causes and an the date stated above. 22d. LOCATION (City, town, or county 24b REGISTRAR'S SIGNATURE arihur S. Thous DATE AUG

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	1. PLACE OF D a. COUNTY	EATH					2. USUAL RESIDEN	ICE (Where	e deceased	lived. If institut		nce belore	admission)
		Arundel			///	RYLAND	Marula			Anne	Arun		
M	b. CITY OR GIED	OWN (If outside co degive neacest fown BUTNIE	arporate limits)	s, write c.	2 wks.	YIN 1b	c. city of tow Pasaden					give neare	est town)
	OR INSTI				dress)		d. STREET ADDI						ON A FARM
^	3. NAME OF	Pleasanv	First		****		Box # 4	Rt					
	DECEASED (Type or prin	11)	UILLIA		Midd	ARI	AND		OF DEATH	Ацац	at	Doy	1960
	5. SEX Male	6. colo Whit	-	7. MARRIED	NEVER MARI	XX ,	th Aug. 1	.883		9. AGE (In years last by thday) yrs.	Months .		Hours Mir
	10a. USUAL OC	CUPATION (Give k	ind of work d	lone 10b. KIN	ND OF BUSINESS	OR INDUST	TY 11. BIRTHPLACE	E (State or	foreign co	untry)	12. C	ITIZEN OF	WHAT COUN
1	Carne	nter(ret		Self	F Fmn		Baltimo	פדו	Mary	land	11_9	a.A.	
	13. FATHER'S N						14. MOTHER'S MA	AIDEN NA					
	Jukno	wn (Aran	d)				Unknow	JIN .					
-	15. WAS DECEA	SEDEVER IN U. S.	ARMED FORCE		CIAL SECURITY N	10. 17. INF	ORMANT			Add	dress	Glen	Burni
	no			ST.	7-09-028	Mrs	. Maud W	lever	,165	Pleas	antvi	IIIe	Ur.
		/ X	DUE TO	D									
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0	gove ris couse (a), lying cou	e to immediate stating the <u>under-</u>	DUE TO	OITIOMS CON	revel,	MEATH BUT N	Prost Fastas OT RELATED TO TH	us				RT 1(o) 19.	WAS AUTOP PERFORMED? YES NO
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0	PAIR COURT OF THE	e ta immediate stating the under- se lost. T II. OTHER SIGNIF EENT WAS UNDERR IBUTING CAUSE NOTIFY MEDICAL F INJURY Month, a. m. p. m. tify that I atte	DUE TO (c). FICANT COND YING FOR DEATH EXAMINER) Doy, Year 19 ended the	20b. DESCRI or 20d. INJU White of work [deceased 	JRY OCCURRED Not while of work I from, and the	20e. PLAC facto	E OF INJURY (Homery, street, office blooms, 1966, toccurred ot	igury in Poring dg., etc.)	20f. (City My, from DORESS (Str	CONDITION GI II af item 18.) or town) the couses eet, city or town.	VEN IN PA	(County) lost savethe date	V the deceded stated ob DATE SIG
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MARYLAND STATE DEPARTMENT OF HEALTH

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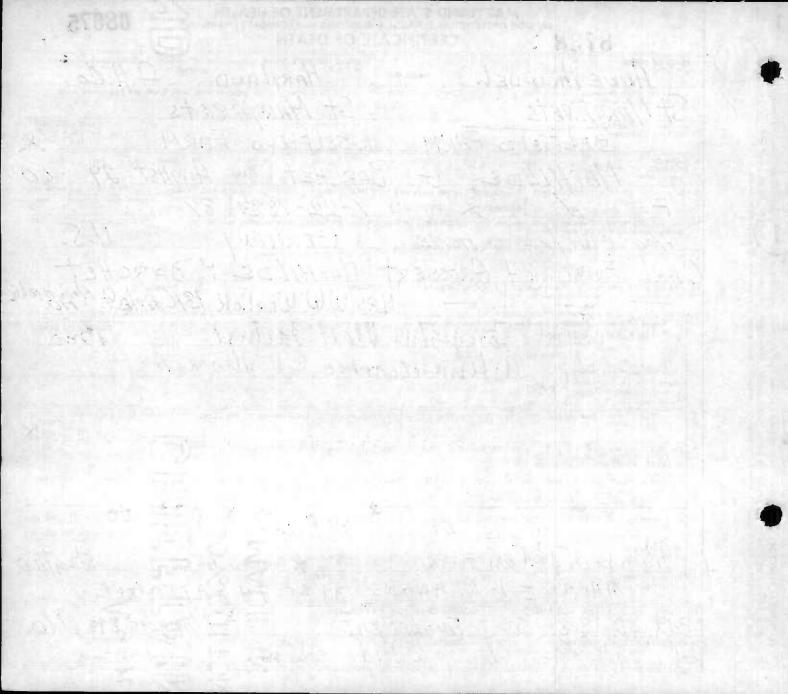
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M	-	PLACE OF DEATH COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY B. COUNTY B. COUNTY B. COUNTY CO
onid be		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL one give nearest town) d. NAME OF HOSPITA (If not in hospital, give street address) d. NAME OF HOSPITA (If not in hospital, give street address) e. IS RESIDENCE
		OR INSTITUTION BELFIELD FARM BELFIELD FARM YES NOTE
Pages 1 and r death.	010	NAME OF DECEASED TO THE GOLD PRACE TO MINDER TO THE PARTY OF BIPTH AND THE TOP OF THE TOP OF THE PARTY OF SIGN OF THE PARTY OF THE PARTY OF SIGN OF THE PARTY OF SIGN OF THE PARTY OF SIGN OF THE PARTY OF THE
4. 1	S. 5	6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost-birthday) 9. AGE (In years lost-birthday) Months Days Haurs Min.
hours	10a	USUAL OCCUPATION (Give kind of work done done done done done done done done
within 72 h	13.	PARL FRIEDRICH GROSSERT MATHETIS MAIDEN NAME P. BARCHET
event, w		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, Inc. or unknown) (If yes, give wor or dates of service) HRS. W.W. WARLICK 191CHORLEST ARMEDIA
in any		18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
ol, and		Canditions, if any, which) (b) A truscliantie C. V. Aliseas!
r remov		gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)
ation, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
al, crem	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ta buri	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED factory, street, affice bldg., etc.) 10 Caunty) (Caunty) (Stote)
th prior		21. I certify that (I) (this haspital) attended the deceased fram Bright 1957, ta Gray 124, 1960, that (I) (we) last saw the deceased alive an Gray 15, 1960, and that death accurred at 15, M, fram the causes and an the date stated abave.
af Heal	1	220. STAFF S
Shauld Board		PAME (Type) AVAICE F, KLAWANS 3/SOUTH GATE AVE.
he State	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL ESPECIFY 8-31-60 FAMILY (EMT. ST. MARG ARETS, MO.
03	24.	FUNTERAL DIRECTOR'S SIGNATURE 250, REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate may be retained by the hazerial ar attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician page 3 shauld be detached as the buriol-transit permit. Then please remave ca VR A1S (4) 1SM 9/59

Page

within 24 hours after death.



death that ending detoched ho FUNERAL DIRECTOR: age 3 should be detoc poge 0 1SM 9/SB

VS A15 (4)

prior

12. CÍTIZEN OF WHAT COUNTRY? District of Columbia U.S.A. Address Children's Center, Laurel, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Massive hemoptysis due to acute INTERVAL BETWEEN ONSET AND DEATH th WAS CAUSED BY: congestive failure secondary to severe pulmonary by 2 days

Due to per tension Severe kyphos coliosis of thoracolumbar spine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? XES X NO (County) (State) 160 ,that I last saw the deceased ____, and that death accurred at 3:13th, from the causes and on the date stated above ADDRESS (Street, city ar tawn, state) ACTUAL Children's Center, Laurel, Md. 8/26/60 PHYSICIAN'S T. Economos. M.D. Children's Center, Laurel, Md. George NAME (Type) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 0 '60 anthur S. Frank

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

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YES NOT

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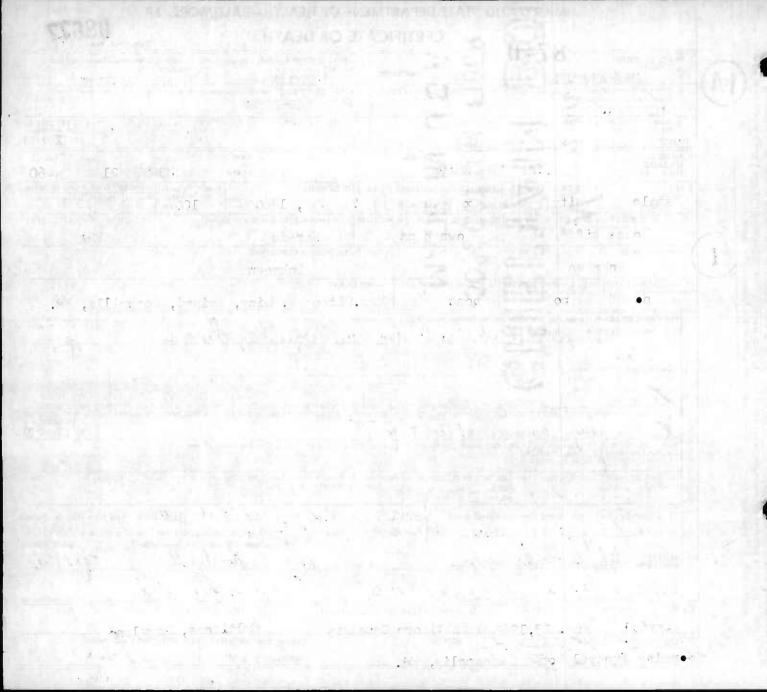
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08677

		077	α	CERTIF	CAI	E OF DI	AIL	11274		Reg. D	ist. No		0
	PLACE OF DEATH o. COUNTY ANNE	ARUNDEL	1)	MARYLA		o. STATE	NCE (Whe		d lived. If institution b. COUNTY				ion}
	b. CITY OR TOWN (I RURAL and give no MILLERS		ls, write	c. LENGTH OF STAY IN	1 1b	. #	WN (IF OLDENT	all the same of	rote limits, write l				1)
	OR INSTITUTION	AL (If not in hospitol, g		oddress)		d. STREET ADI	DRESS						FARM?
	NAME OF DECEASED (Type or print)	ELIZA		BEACH Middle		Lost		4. DATE OF DEATH	AUG	UST	21	,	Yeor 1960
5.	sex Feihale	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED 🔼 DIVORCED		ATE OF BIRTH	, 186	50	9. AGE (In years lost birthdoy) 100 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
10c	during most of worl	ON (Give kind of work of king life, even if retired WII 8	done 10b.	own home	INDUSTRY	_	E (Stote o	or foreign c	ountry)	12. CI		F WHAT C	OUNTRY
7		known					Jnkno						
15. (Ye	was deceased eve	R IN U. S. ARMED FOR (If yes, give war or dates of se NO	CES? 16.	social security No.		OLTVE	W. K	ing,	Friend,	ress Gambi	:i l ls	Md	
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	10 -	ne for (o), (b), and (c).]	re e	audien	24eu	Cen o	disar		ON	ERVAL BE	DEATH
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate Dus To										4	
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING ON DEATH	rise	CONTRIBUTING TO DEATH	ON	_		96		VEN IN PA	RT 1(o) 1	PERFO YES	AUTOPSY RMED? NO 🔀
MEDICAL CI	20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Yeo	20d. I While of wor	Not while	De. PLACE foctory,	OF INJURY (Ho street, office b	me, form, ldg., etc.	20f. (City	or town)		(County)		(Stote
	actual SIGNATURE PHYSICIAN'S	later attended the	., 196	ed fram fram.		_, 19.(90, curred at) # J	M, Fram	the causes are treet, sity or town,	nd an th		stated	
220	P. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL			22c. NAME OF CEMETE Baltimore					TION (City, town,	or county		(Stot	re)
10		S SIGNATURE	3/	ADDRESS		2		BY REGIST	RAR 246. REG	STRAR'S S	ÎĞÑATU		



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief and Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Rage 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, Gernalian, or removal

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8694 MEDICAL EXAMINER'S CERTI

FICATE	OF DEATH	Reg. Dist NO. 678

	o. COUNTY	to.		MARYLAN	O STA		Where deceased liv	b. COUNTY	Residence bel	fore admission)
	b. CITY OR TOWN (If ou and give nearest town)	00/15		ENGTH OF STAY IN 1	c. CIT	OR TOWN (IF	publide corporate	limits, write RUR		earest lown)
96	d. NAME OF HOSPITAL	1	/ /	give street oddress)	11 65	2 3 N.	dalhou	N. 57	4	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Eur/s	ler	Middle	6hin	Last	4. DATE OF DEATH	Month 8	Doy	Year 1960
5.	SEX M.	6. COLOR OR RACE	MARRIED WIDOWED	DIVORCED	B. DATE OF I	C / 1/99		GE (In years IFU Lhistoday) Mor	NDER TYEAR	IF UNDER 24 HRS. Hours Min.
1		(Give kind of work de life, even if retired)	SHI	OF BUSINESS OR INDI	Ac	comp	ac Co.	UK,	2. CITIZEN O	F WHAT COUNTRY?
) 13	SAIA	H /31.	BBIN	15	m	er's maiden n 96676			RS	
15. (Y•	. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or doles of so		AL SECURITY NO. 17	INFORMANT	B16B	INS 212	Address 29 Will	OKTH	+ AOF
NO	Conditions, if any gove rise to immedia (o), stating the uncause lost.	WAS CAUSED BY: IMEDIATE CAUSE (o) DUE TO Which the couse derlying DUE TO (c)_	<u> </u>	BUTING TO DEATH BU	Sese.	O TO THE TERMI	NALDISEASE CON	ndition given if	Size.	INAL BETWEEN IT AND DEATH IT
CERTIFICATION	20a. EXTERNAL CAUSE PRIMARY [] or CONTI CAUSE OF DEATH.	WAS 20b	. DESCRIBE HOV	W INJURY OCCURRED	(Enter nature	of injury in Parl	t I or Part II of ite	m 18.)		YES NO
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJUR While at work	Not while f	LACE OF INJU	RY (Home, form office bldg., etc.	20f. (City or to	wn)	(County)	(Stote)
	21. I certify tho deoth resulted for	Edition of the second	_/		oove, held uicide,	an Autopsy Homicide	-	ction 2 , Ir ermined cause	'	, ond find that
1	ACTUAL SIGNATURE	pucha	de	. /	M.D.	EF MEDICAL EX	CAMINER		/	DATE SIGNED
220	EXAMINER'S NAME (Type) D. BURIAL, CREMATION, FOR REMOVAL (Specify)	1-6-	n Rd	NAME OF CEMETERY		Y MEDICAL S	22d. LOCATION	(City, town, or con	8/20 uniy)	(State)
23	FUNERAL DIRECTOR'S Mars Gard	SIGNATURE PARAYS	158 N.	ADDRESS 91/mm	H		D BY REGISTRAR AUG 2 3 '60	24b. REGISTRAS		RE

BI SECRIDAS — KORSI SECRIMENTE ATROTORO ESTA DI MENA DI SANTA EGRAPIO EN ADEMINES SER MANDELLA MANDELLA DI MENA

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH stion, 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) e. IS RESIDENCE d. NAME-OF-HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 12 YES NO X NAME OF DATE Year Day DECEASED (Type or print) DEATH 1961 For 6. COLOR OR RACE 9. AGE (L years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED [DIVORCED With 0 USUAL OCCUPATION (GIV) kind of work done 10b 0 foreign country) 12. CITIZEN OF WHAT COUNTRY? 9 0 puo after puo pe moy 14. MOTHER'S MAIDEN NAME pages Pages oge 5 r 15. WAS DECEASED EVER 16. SOCIAL SECURITY NO Address Give P.M.3. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise lo immediate cause buriol DUE TO (a), stoting the underlying cause lost. 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 00 PERFORMED? O YES 🗍 NO [20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port 1 or Port 11 of item 18.) control of the car on wet pavement, skidded lost CAUSE OF DEATH. Exami road and should tree. a 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) 300 Not while Md 19 60 of work of work Riva Rd. Rte 450 4:27pcm. nr. Annapol 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection ... Inquiry cute the certificate, wrill farwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes [Accident . Suicide Homicide , Undetermined cause DEPUTY MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE M.D ASSISTANT MEDICAL EXAMINER removal **EXAMINER'S** 13-60 DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) DATE THEREOF (Stote) REMOVAL (Specify) 0 23 EUNERAL DIRECTOR'S SIGNATUR ADDRESS 24o. REC'D BY REGISTRAR 24h REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AUG 1 8 '60 Outhor & House 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 20 - Neusfafer

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Af its certificate has been signed by the attending physician and campletely filled in by the funeral dipage 3 shauld be detached to use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fitter registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

> VS A15 (4) 15M 9/55

		869.		CERTIFIC	CAT	E OF DEA	HTA			Reg. D	ist. No.	368	30
1	PLACE OF DEATH	nne Arunde	1	MARYLAN		USUAL RESIDENCE	(Where decedy land	sed live	d. If institution b. COUNTY		nce befor		
	b. CITY OR TOWN (III	outside carparate limi	ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN	(If autside co	porate l	imits, write R	URAL ond	give nea	rest tow	n)
_	Annapoli	.8		10 yrs.	10	Annapoli							
	or institution of 2 dolleg	AL (If not in hospital, g e Creek Te	rrace	oddress)	110	d. STREET ADDRE		Ter	rrace			ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Charles		Middle r Brown		Last	4. DAT		Mon August		Da	,	Year 1960
	sex fale	6. COLOR OR RACE Colored	7. MARR	DIVORCED	- A1	ate of Birth	85	9. A	GE (In years st birthday) yrs.	Months	Days	Hours	ER 24 HRS. Min.
10	during most of work	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR IN ************************************		11. BIRTHPLACE (12. CI	TIZEN O		T COUNTRY?
13.	FATHER'S NAME	MH DELECT			14	MOTHER'S MAIL	EN NAME				102		
L	Robert Br		3716			Serena F	ord						
15. (Ye	11, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of se	ervice)		7. INFO		10		Addr		Anna	poli	ls,
H	No	- 6		219-16-0625 ne for (a), (b), and (c).]	Edr	la S. Bro	vm - 62	Co.	Llege (Jrk.	Terr		ETWEEN
7	Conditions, if on gave rise to In cause (a), stating t lying cause last.	he under-	Ge Co	truf pelist	TO LOT	Card	TRUS	el.	NB	se on		一	DEATH
CERTIFICATION				ONTRIBUTING TO DEATH I						EN IN PAR	RT 1(0) 1	PERFC	AUTOPSY DRMED?
	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH WEDICAL EXAMINER)	206. DESC	CRISE HOW INJURY OCCUI	RRED. (E	nter nature of injur	y in Part I or f	art II af	item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. 11. p. m.	Month, Day, Yea	While	NOT while of work	ractary.	OF INJURY (Hame, street, office bldg.	form, 20f. (C	lity or to	wn)	(County)		(Stote)
	ACTUAL SIGNATURE	of I attended the	12 L		oth occ	curred at 12	ADDRESS	(Street,	city or town,	nd on t	he dat	e state	deceased ed above. ATE SIGNED
220	BURIAL CREMATION			22c. NAME OF CEMETERY	Y OR CR		treet		(City, town, o		ylan	d (Stot	
E	REMOVAL (Specify)	Aug. 13_	60	Brweer Hi					is, Me	,,	nd	(5101	el
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240.	REC'D BY REG		24b. REGIS			E	
L	C.E.Hicks	Ill Anna	polis	, Md.		DATE	MANG 1 8	'60	(C.	rthur i	8. Kin	not.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the hospital an attending physician. TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remaive carban papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremation, ar remaind, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	FEITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
3	or NAME OF HOSPITAL IT not in haspital, give street oddress) or INSTITUTION & Live street oddress)
	3. NAME OF DECEASED (Type or print) Elizabeth Middle BABOON DEATH BODY Year 2 1960
	S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SELECTION WIDOWED DIVORCED 7-6-1906 9. AGE (In years left Under 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work dane of the low of the lo
	alexander Abshams Elsie Hopkins
	(Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN Address Courses (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN Address Course (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN Address Course (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT COLUMN ADDRESS (Yes, no, or unknown) (If yes, give wor or dates of service) (If
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Canditions, if ony, which) (b) (c).] INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (a), stoting the under. Iying cause last. DUE TO Co Deabetes mellitus (Swere) 2 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 10. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
-	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work
	21. 1 certify that (1) (this hospital) attended the deceosed from $9/26$, 1956, to $8-2$, 1960 that (1) (we) lost sow the deceosed alive on 2 , 1960, and that death occurred at M , from the couses and on the date stated above.
	220. SIGNATURE (CILLEU M.D. ATTENDING MED. STAFF SIGNED SIGNED
	22c. PHYSICIAN'S NAME (Type) 1 22d. ADDRESS 62 Cathedral St Connepha
	23c. NAME OF CEMETERY OR CREMATORY 23d. DOCATION (City, town, or county) 23d. NAME OF CEMETERY OR CREMATORY 23d. NOCATION (City, town, or county) (Stold Delivery Halls
	Newsparal Director's Signature Newsparal Director's Signature Newsparal Director's Signature Date WG 4 160 Coulog & Kings

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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please		10	TO FUNERAL DIRECTOR: 1 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial-	g.
AZ	. A	15	ME(2)

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,M.	ARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE,	18
8697	MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	Reg. DID 8682
\TH		2. USUAL RESIDENCE (Where deceased lived. If Instit	tution: Residence before admis

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	COUNTY A. A.	Co.	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If I b. CO		efore admission)
b.	. CITY OR TOWN III exhide corporand give nearest town	boles	c. LENGTH OF STAY IN 1b	0 11	autside corporate limits,	write RURAL and give	nearest town)
3	O.A. ANN	E ARUND	ital, give street address)	d. STREET ADDRESS	Calvek	+	e. IS RESIDENCE ON A FARM? YES NO
-0	NAME OF DECEASED Type or print)	6 hN	Middle /3	Lost /	4. DATE OF DEATH	Wanth Day	Year 19 60
5. SI	11	OR RACE 7. MARRIED WIDOWED	/T	ob. 2, 1908	9. AGE (In you lost birthday)	yrs, IF UNDER 1YEAR	IF UNDER 24 HRS. Hours Min.
_ di	USUAL OCCUPATION (Give k uring most of warking life, even old & Die Make	n if relired)	nd of Business or industri iskettle Co		re County, l		S . A .
13.	FATHER'S NAME Willia	am Brownlee		14. MOIHER'S MAIDEN N. Elizabet	h Curran		
	WAS DECEASED EVER IN U. S. no, or unknown) No	war or dates of service)		FORMANT Mary F. Br		dress l N.Calver	t_Street
TION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	AUSED BY: E CAUSE (a) DUE TO (b) DUE TO (c)	ATRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VALDISEASE CONDITION	, S	AT AND DEATH AT
2	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	3 🗆 20b. DESCRIBE	HOW INJURY OCCURRED. (En	iter nature of injury in Part	1 or Part II of item 18.)		YES NO
MEDICAL	20c. TIME OF INJURY Mon Haur e. m. p. m.	While	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City ar town)	(County)	(State)
1 1	21. I certify that I too death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	/		re, held an Autopsy ide, Homicide, Homicide	, Undetermine	□, Inquiry □ed cause □.	DATE SIGNED
	BURIAL CREMATION, 22b. D	ATE THEREOF 2 8-18-60	2c. NAME OF CEMETERY OR C		22d. LOCATION (City, to A.A. Count		(State)
	funeral director's signature. Cook, Inc.,]		ADDRESS 1 Street	24a. REC'D DATE AL		CIALLIN Z. KI	

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CERTIFICATE OF DEATH 8698 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY **b** COUNTY MARYLAND death. b. CITY OR TOWN IIf autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) should mna d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES TI NO TI NAME OF First Middle 4. DATE Month Day Year DECEASED OF (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days DIVORCED [WIDOWED T papers. 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF INDUSTRY 11 BETTPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Co U5 Cu puo ofter 13. FATHER'S NAME 200 physician move hours WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) neu. DUE TO 20 Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m While Not while of work of work p. m 21. I certify that I attended the deceased fram, Audust 19/22, that I last saw the deceased _, and that death occurred at____ M. fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) FUNER m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d! LOCATION (City, town, or county). (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 SHC 4 7 160

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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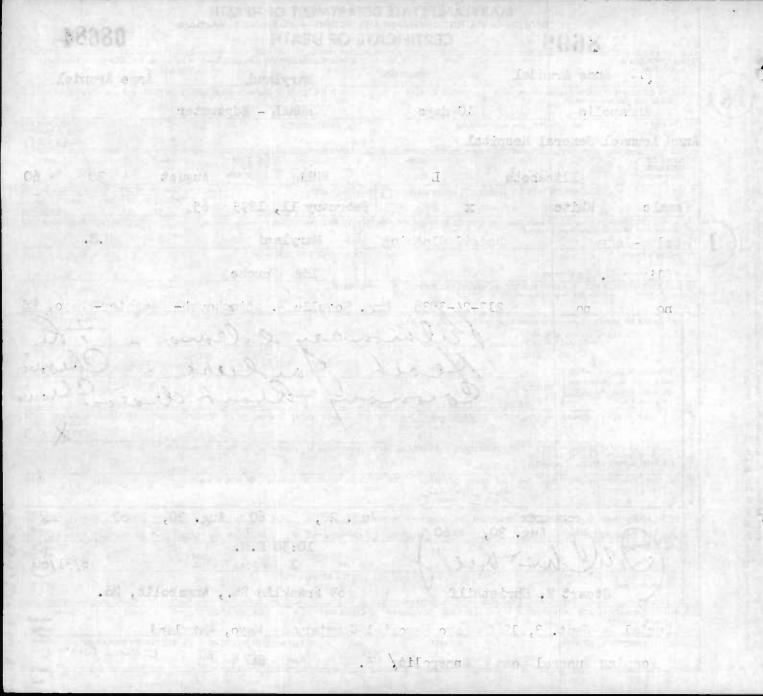
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	b. CITY OR TOWN (RURAL ond give no Annap		its, write	c. LENGTH OF S		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL — Edgewater								
Ar	OR INSTITUTION.	TAL (If not in hospital, g				d. STREET A	DDRESS	DRESS					ENCE ARM? NO	
	NAME OF DECEASED (Type or print)	Elizabe		L	iddle	BUI		4. DATE OF DEATH	August		Doy 30	Ye		
1 _	sex 'emale	6. COLOR OR RACE White	7. MARI		ARRIED	B. DATE OF BIRTH		1895	9. AGE (In years last birthday) 65 yrs	Manths		Haurs	24 HRS. Min.	
1	Sales-lad	ON (Give kind of work king life, even if retired y)		ss or INDU thing		rylar	nd	auntry)	12. CITI	U.S.		UNTRY?	
L		. League					da F	ouche						
		R IN U. S. ARMED FOR (If yes, give war or dates of s	service)	3-2/1383		s. Rosel	1a B.	Stine		_{bress} Dau <i>g</i> ht	er-	Mayo.	Ма	
ATION	Conditions, if a gave rise to i cause (a), stating lying cause lost.	mmediate (:)	CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO	THE TERM	LL INAL DISEAS	L C L C E CONDITION GI	VEN IN PAR		PERIOR		
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (Enter noture o	f injury in	Part I ar Par	t II of item 1B.)			7		
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Doy, Ye	While	Nat while		ACE OF INJURY (I ctary, street, affice			or tawn)	{(Caunty)		(State)	
	21. I certify the saw the degeo 220. JIGNATUR.	or (I) (0000000000000000000000000000000000		21960 C	and that o	M.D. ATTENDING PHYS. 22d. ADDRI	d at	P.M. P.M. RECTOR		nd on the	e date	stoted o		
23	o. BURIAL, CREMATIC	ON, 23b. DATE THEREO	/-	23c. NAME OF			227.7	3.5	TION (City, town,			(Stote)		
24.	Burial FUNERAL DIRECTOR Hoppin	Sept. 3. SSIGNATURE SSIGNATURE	1960 Home	Annapo	,	1 Cemete	1	Mayo,		ISTRAR'S SII	GNATURI	and		

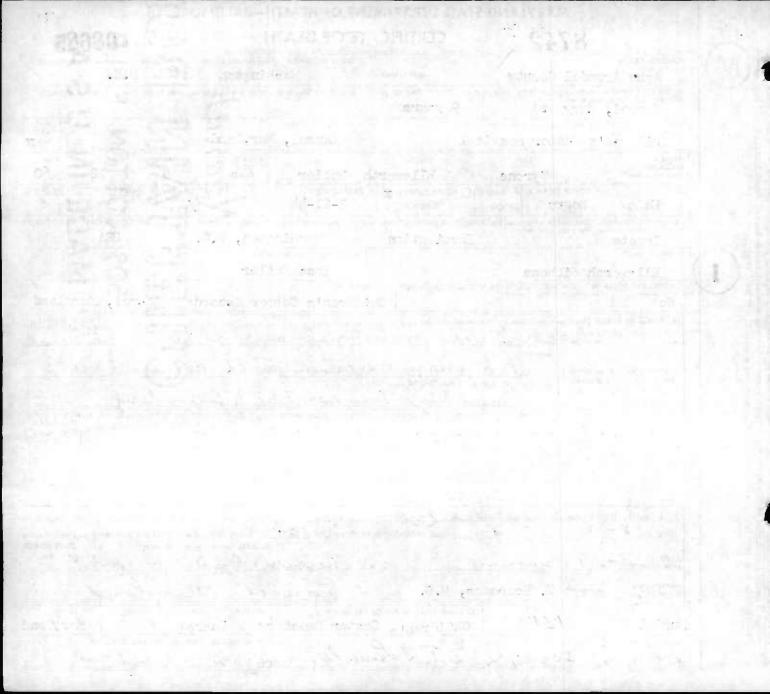
O FUNERAL DIRECTOR: A his certificate has been signed by the ottending physician and campletely filled in by the funeral of page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. if ar attending physician. may be remained by the ho VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dis 08685

	o. COUNTY Anne Ar	undel Coun	ty	MARYL	AND	2. USUAL RESIDENCE (W o. STATE Was	here decease	4	on: Resider	_	re odmissi	on)
	b. CITY OR TOWN (IF RURAL and give ne Laurel	outside corporote limi grest town) Maryland	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give ned	arest town	
	OR INSTITUTION	AL (If not in hospitol, g				Towns North ON						DENCE FARM? NO 🔀
110	NAME OF DECEASED (Type or print)	fii Tyr		Middle Ells	vorth	Lost Butler	4. DATE OF DEATH	Mon 8	th	Do 12		60°
5.	SEX Male	6. COLOR OR RACE Negro	7. MARR	D DIVORCED		3-21-44		9. AGE (In years last bighday) 16 yrs.	IF UNDER	Days	IF UNDE Hours	R 24 HRS. Min.
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)	Ellawor	th Gibbons				Inez Bu						
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114	No No	If yes, give wor or dates of s	ervice)		Chi	ildren's Cen	nter Re	cords	Laure	1, N	Maryl	and
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MEDICAL	20c. TIME OF INJURY Havr a. m. p. m.	Manth, Day, Ye	20d. IN While at work	Not while		E OF INJURY (Hame, fari rry, street, office bldg., etc		y or town)	(County)		(Stote)
2220	ACTUAL SIGNATURE	de orge T. E	conor	nos, M.D.	M TERY OR	D. Cheldre Laur	address (S n S Ce rel 22d. LOCA	treet, city or town, Lar TION (City, town,	d on the store)		DATE (Stote	above.
	FUNERAL DIRECTOR'S	, ,		Children	5 0		D BY REGIS	Iaure]	STRAR'S SI	GNATU		Laulu
	Jalin (1 Moon	e, &	D.T.A.	da		WC 1 8		sinus ?	9 the	ua	



h. Page 4	(M	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital and campletely filled in by the funeral proper to FUNERAL DIRECTOR: TO FUNERAL DIRECTOR: The population of the certificate has been signed by the attending physician and campletely filled in by the funeral proper to the death. To FUNERAL DIRECTOR: The funeral physician are sent to the place of the place of the physician and campletely filled in by the funeral physician and campletely filled in by the funeral physician. The registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	010	
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VS A15 (4) 15M 9/55	Of.	

_		() (keg. Dist.	. No.	
	PLACE OF DEATH	3 - 9			MARYLAND	2. USUAL RESI		here decease	d lived. If inst b. COU	MIY		before or	dmission)
-	Anne Ar			1		Maryl				ren			
	B. CITY OR TOWN (RURAL and give n	(If outside corporate limi	ts, write	c. LENGTH	OF STAY IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, wri	te RUR	AL and giv	e nearest	town)
	Crownsy			5mont	hs2ldays	Milli	ngton	1			X -	- 2	
	OR INSTITUTION					d. STREET ADDRESS e. IS RESIDENC ON A FARM							
	Crownsy	rille State	Hosp	ital		Unkno	W.					YE	S NO
3.	NAME OF DECEASED (Type or print)	Fir W:	: illia	m	Middle Henry		Butler 4. DATE OF DEATH					Day 30	Yeor 19 60
5.	SEX	6. COLOR OR RACE				8. DATE OF BIRT	Н		9. AGE (In ye	ors If	UNDER 1	YEAR IF L	JNDER 24 HRS.
	Male	Negro	WIDOW		DIVORCED [July 9,	190	3	lost birthdo	yrs. A	Months D	ays Ho	ours Min.
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12	FATHER'S NAME	5				14. MOTHER'S	Unkno				J	J.S.A	•
)		l Butler					Cora 1						
15		ER IN U. S. ARMED FOR	CE 52 14	SOCIAL SECU	IRITY NO. 117 II	NFORMANT	7010	•		Addres			
	No No	(If yes, give war or dates of s		Unknow		Hospital	Reco	ords		Addres	•		
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CERTIFICATION	20a, ACCIDENT W.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)											
MEDICAL CE	20c. TIME OF INJUI Hour o. me p. m.		While	NJURY OCCUI	to_ for	ACE OF INJURY (ctory, street, office			or town)		(Co	unty)	(State)
32	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the 8/30 L. Benedic	19 	60 or	d that death		1348. 18vill	M, from ADDRESS (SILe State	n the cause freet, city or to te Hosp te Hosp	ita	d on the ote) 1, Md 1, Md	date s	8/30/60
	BURIAL, CREMATIC REMOVAL (Specify FUNERAL DIRECTOR	9/1/	60	226 NAME Stul	OF CEMETERY O	R CREMATORY		Sl	THE PO	mo	RAR'S SIGN	Mo	(Stote)
23.	Dennot	t wolley		Che	Stoclover	~ ma		SEP 2	'60 246. R		ithun S.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death, may be retained by the hormal or oftending physician.

TO FUNERAL DIRECTOR: A mais certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fill the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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ľ	1. PLACE OF DEATH	2. USUAL-RESIDENCE (Where deceased lived. If ins	stitution: Residence before admission)
	O. COUNTY C. COUNDARYLAND	o. STATEMANY CONTROL	INTY Con all
	b. CITY OR TOWN (If outside corporote/limits, write c. LENGTH OF STAY IN 1b	oceITY OR TOWN (If outside corporate limits, wr	rite RURAL and give nearest tawn)
	anapous	annalous	10
	d. NAME OF HOSE HAVE not in haspital, give freet address) OR INSTITUTION Opening One of the state of the s	d. STREET ADDRESS PLEASAN	e. IS RESIDENCE ON A FARM? YES NO N
F	3. NAME OF First Middle	Lost 4. DATE	Month Day Year
	(Type or print)	and OF DEATH	8 3/ 1960
	5. 98K On the second of the s	8. DATE OF BIRTH 3-4-1893 9. AGE (In y lost biglid	reors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Ì	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if refired	USTRY 11. ARTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Elichician Helpel	Maryland	- UNIA.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME	Maria i
X	munus con	Luvema	Call
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of unknown) (Hoyel, give/for of date) of therical 212-14-91704	INFORMANT	Address
f)8. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1 0 60	INTERVAL BETWEEN ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e) of the Spotking	ONSET AND DEATH
	DUE TO CA		11
1	Conditions, if any, which) (b)	ae D	1900
	gove rise to immediate couse (o), stating the under-		
	lying cause lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		RED. (Enter noture of injury in Port I or Part II of item 18	s.)
		PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
	Haur o. m. While Not while of work of work	foctory, street, office bldg., etc.)	
	21. I certify that (I) (this haspital attended the deceased fram	1997 to 8 3)	, 1960, that (I) (me) last
	saw the deceased alive an \$1301900 , and that	death accurred and H.M. from the cause	s and an the date stated abave.
	220 GANATURE KIND ON CON	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) (D. JAPANA M)	22d. ADDRESS	17 101100
	The KICHARDSON 11-12	110-6KAY ST	TH NATA PL
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF TEMETERY	OR CREMATORY 230 OCATION (City, to	awn, ar county) (State)
	2 UNERAL DIRECTOR'S SIGNATURE DORESS		REGISTRAR'S SIGNATURE
	William resetting	GANGE DATESEP 1 '60	Civilian S. Himas

SMARU the literality Mirrogande Sto C MULLICHE Magalal Peter + 1 Xiront JE. 44 Theasant it Lechece Lack and mele Cel 3-4-1893 67 Mary Land Eucticas 4: 45" Chose Charles and Luvema Care 1100 10, MI ZIENGATIZON Emmay - E-1162 Material December 1165. Milleman Jones Hill 200 Miles

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
b 2 e	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18687
orio	(NA)	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
1	0	1. PLACE OF DEATH a. COUNTY D. STATE D. COUNTY D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY D. COUNT
age .		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
9	Y	amapolis Ma almapolis
director les. prior 1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 136 Main Street address 137 Main Street address 137 Main Street address 137 Main Street address 138 Main Street ad
funeral of your fire your firegistrar		3. NAME OF DECEASED (Type or print) Lillian Louise Cottes DEATH 8 - 5 19 (6)
9 2 9		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
d 3 to the retained 2 with 1	1	Tendele Mysite WIDOWED - DIVORCED - MOTY 5-1907 52 yrs. MONTHS MITTER
2, and 3 be reto and 2 w		10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dat Lender 12. CITIZEN OF WHAT COUNTRY?
3		13. FATHER'S NAME 8. R. a. T. Lin Batte & Crutaloga.
ge 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ver. no., or unknown) (If yes, give wor or dottes of service)
File P		[Yes, no, or unknown] (If yes, give war or dates of service) 213-22-1/4 Mrs John Dury 200 Thousandarden Me
PM3		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
E E E		PART I. DEATH WAS CAUSED BY: UNKNOWN THROM BOSIS UNKNOWN
ith for		420. DUE TO
0 0 ×		Gonditions, if ony, which (5) (5)
pen		(a), stating the underlying DUE TO (c)
fice ii	in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
oding Sed	V	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pen	9 4	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
cal Exc 3 shou		20c. TIME OF INJURY Month, Day, Year While Not while of work o
Dr.		21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that
hief Ne		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
ECT ECT	1	DATE SIGNED
to the the	2	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
ute the ce arwarded FUNERAL		EXAMINER'S EOWARD & BECK DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
cute farw O FU!	0	220- DURIAL, CREMATION, 220- DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
-	Us	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—B	LTIMORE, 18
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CERTIFICATE OF DEATH

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STATE OF THE	8702		CERT	IFIC	ATE OF E	DEATH			Reg. D	ist. No		J
1. PLACE OF DEATH a. COUNTY	Inne Arunde		MAR	YLAND	2. USUAL RESID	Mary 1	40-21-10-	d lived. If instituti b. COUNTY		nce befo		
b. CITY OR TOWN RURAL and give	(If autside carporate tim nearest tawn)	its, write	c. LENGTH OF STATE		c. city or		utside carpo	rate limits, write R				7.54
OR INSTITUTION	rundel Gene		address)		d. STREET A	DDRESS	nue	1			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	John Fi	rst	Wesley		los ambers		4. DATE OF DEATH	Mor Au	gust	7	ly	Year 1960
5. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	-	8. DATE OF BIRTH			9. AGE (In years last birthday) yrs.	IF UNDE Months	R 1 YEAR Days	Hours	Min.
10a. USUAL OCCUPAT during most of we HUCKSTO1	ION (Give kind of work orking life, even if retired	done 10b.	Self Empl	or indu		Arund			12. CI	TIZEN C	SA.	COUNTRY
John Wes						MAIDEN N						
1S. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO	-	ohn T. Ch	namber	s - 1	Hickh A		nnar	olis	s, 11d
PART I. DI	18. CAUSE OF DEATH [Enter only one couse per line (6) (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO D								ETWEEN DEATH			
Canditians, if gave rise to cause (a), statin lying cause las	immediate DUE TO		onewhyll	a	lewsel	Pros)			1	54	~
<u> </u>	THER SIGNIFICANT CON								EN IN PA	RT 1(a) 1	PERF	AUTOPSY DRMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
Hour D. 51	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while p. m. 19 at wark at work at											
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that attended the 8/2/60 herden	19			R6 , 19 60 n occurred at.	33°P	M, from	n the causes of reet, city or tawn,	and on t		te stat	
Burial (Specif		-60	22c. NAME OF CEA Brewer H		PR CREMATORY			ION (City, tawn, opolis, 1		nnd	(Sta	10)
23. FUNERAL DIRECTO	777	noli	ADDRESS	. 1		240. REC'D	BY REGIST	160	STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8744 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write Cc. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 3. NAME OF First Middle Lost 4. DATE Day Manth DECEASED (Type or print) DEATH 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days WIDOWED 1 DIVORCED yes. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) . OVEWICH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoling the under-

permit. should FUNER page 0

lying cause lost.

Hour a. m.

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY Manth.

15M 9/55

ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I af item 18.) 20e. PLACE OF INJURY (Home, farm, | 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) lactory, street, affice bldg., etc.) While Nat while at work of work 21. I certify that I attended the deceased fram. ... 19 6 0 that I last saw the deceased , and that death accurred at <u>Fa. M</u>, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State)

24g. REC'D BY REGISTRAR

DATEAUG 25 '60

24b. REGISTRAR'S SIGNATURE

ON A FARM? YES NO

Year

19

Min.

Hours

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	The state of the s	Total Control	
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		17.00	
The Company of March 19 and			BONICOPPO AT MARK

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2703

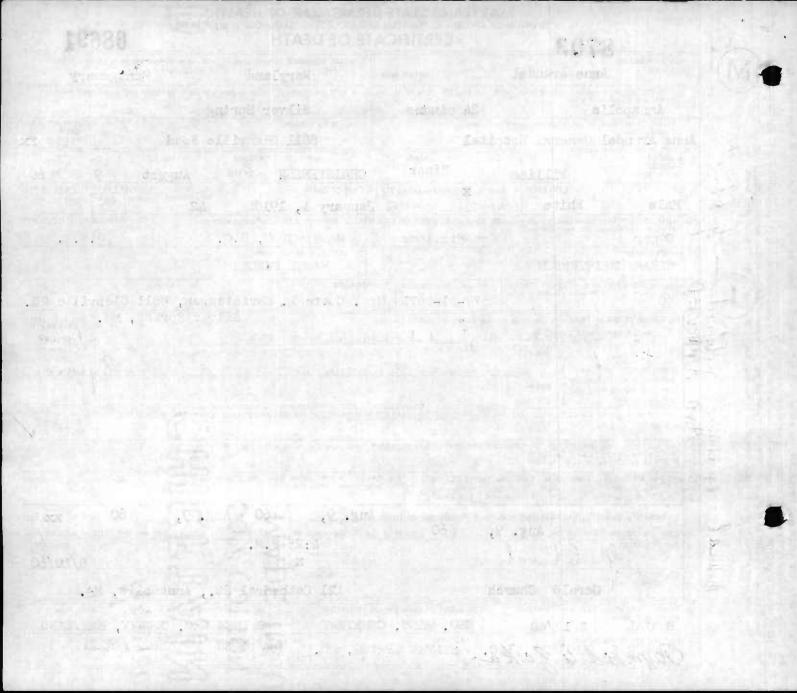
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	PLACE OF DEATH	Inne Arundo	1	MARYLAN		USUAL RESIDENCE (o. STATE Mary	Where deceased	lived. If institut b. COUNTY				on)
	b. CITY OR TOWN (If RURAL ond give ne Annapol	arest town)	ts, write	c. LENGTH OF STAY IN 24 minutes	16	c. CITY OR TOWN (If outside corpor		RURAL ond	give nea	rest town)	4
	d. NAME OF HOSPITA OR INSTITUTION INC. Arunde.					d. STREET ADDRESS 8811	Glenvil	le Road			ON A	DENCE FARM? NO TO
	NAME OF DECEASED (Type or print)	Willia		Middle Einar	C	Lost HRISTENSEN	4. DATE OF DEATH	Augi		Do:	,	ear 9 60
S. 5	Male Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED (ate of Birth nuary 1, 1	1918	9. AGE (In years lost birthdoy) 42 yrs.		1 YEAR Days	Hours	Min.
100	Owner	N (Give kind of working life, even if retired)	KIND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (Sto WASHINGT			12. CIT		S.A.	
13.	FATHER'S NAME EINAR CHE	RISTENSEN			1	4. MOTHER'S MAIDEN						
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	577-01-8673	7. INFO	. Coote L.		ensen, 8		lenv	ville	Rd.
M) APPRICO	Canditions, if an gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (continued of the under-) (ne for (o), (b), and (c).] I y vecescelul Conneany corle		seleveris		lver Spr		ONS 2	ERVAL BET	DEATH
CERTIFICATIO	20g. ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY OCCU					YEN IIN I OK	1 1(0)	PERFOR	NO T
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	While		PLACE foctory	OF INJURY (Hame, fo , street, office bldg.,	arm, 20f. (City etc.)	or town)	(1	County)		(Stote)
		ed alive an Au		ded the deceased fro 19_60, and th		h accurred at	P.M. MED. DIRECTOR	STAFF PHYS.	nd on the	e date	stated 22b 8/10	
	BURIAL, CREMATION REMOVAL (Specify)	8/12/60)F	GEO . WASH .		ETERY	PRINC	ION (City, town,	OUNTY			
24.	FUNERAL DIRECTOR'S	BUMPHREAL SE	· Ka	ADDRESS SILVER S	PRIN	G, MD. 25a. RI	AUG 1 5 6	PAR 2Sb. REG	ISTRAR'S SI	GNATUI	RE LA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. yel or attending physician.

This certificate has been signed by the attending physician and campletely filled in by the funeral for use as the burial-transit permit. Then please temper carbon papers. Pages 1 and 2 shauld be four to hurial, crematian, or removal, and in any event, within 72 hours after death. page 3 shauld be detached far use as the burial-transit permit. Then pleas the State Board of Health prior to burial, crematian, ar removal, and in any may be retained by the h VR A1S (4) 1SM 9/59

Page 4

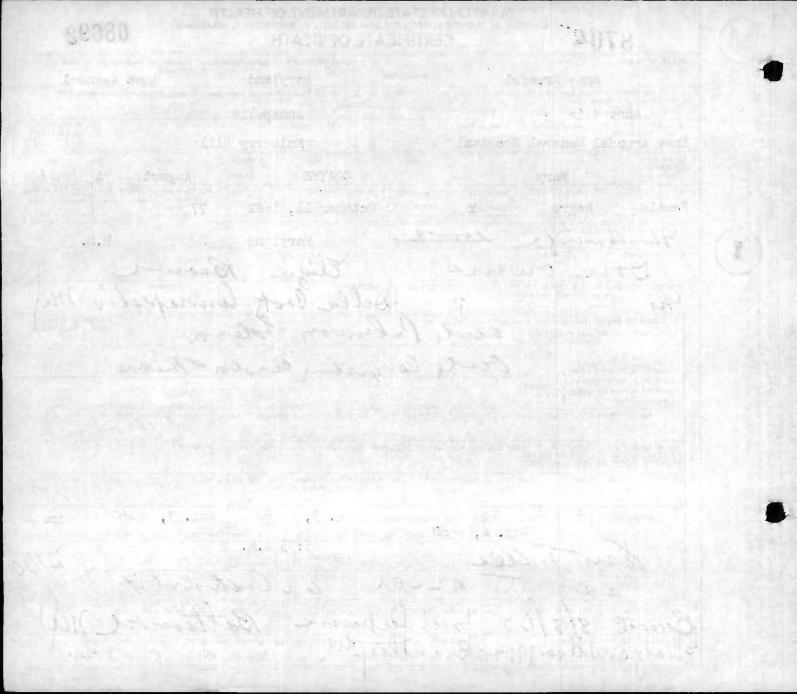


VR A1S (4) 1SM 9/S9

8704

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (V a. STATE Mary	Filler and	b. COUNTY	ence before admission) Arundel
RURAL ond give ne	polis	c. LENGTH OF STAY IN 16		outside corporote li	imits, write RURAL onc	d give nearest town)
OR INSTITUTION	AL (If not in hospital, give street el General Hosp		d. STREET ADDRESS	berry Hil	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle	COATES	4. DATE OF DEATH	Month August	Day Year 19 60
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 11.	1882 9. AG	GE (In years st birthdoy) 77 yrs.	Days Hours Min.
during most of wark	ON (Give kind of work done 10bking life, when if retired)	KIND OF BUSINESS OR INDU		te or fareign country	12.01	U.S.
13. FATHER'S NAME	u owe	nos	14. MOTHER'S MAIDEN	NAME B	uwn	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	SOCIAL SECURITY NO.	NFORMANT CHE	of an	Address	lis ma
Canditions, if of gave rise to it couse (o), stoting lying couse lost.	mmediate (DUE TO	cuty Con	gerby &	Lobor	Thelen	e
ICATIO	HER SIGNIFICANT CONDITIONS					ART 1(d) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING [206. DES	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury i	n Port I or Part II of	item (B.)	
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeor 20d. While of wa	Not while fo	ACE OF INJURY (Hame, fa octory, street, office bldg., e		own)	(County) (Stol
21. I certify that	it (I) (this hospital) attended alive an Augo	ded the deceased from 19 60, and that				60, that (I) (a) la
22a. SIGNATURE	y Ti ale	re	M.D. PHYS.	A.M. MED. ST	AFF IYS. 🗆	226. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	-RIS T.	ALLEA	22d. ADDRESS	Coth	shely	(/ / /
23a. BURIAL, CREMATIO REMOVAL (Sperity)	8/8/40	239. NAME OF CEMETERY	burn	Bol	City, town, or county	(ma
ELACY O	Wilson It	o Brantle	TALL 2SO. RE	C'D BY REGISTRAR	25b. REGISTRAR'S S	of S. Kraus



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8705

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI g. STATE Marylai	here deceased lived. If institution: b. COUNTY and Anne Arij	
RURAL and give	(If outside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURA	L and give nearest town)
OR INSTITUTION	PITAL (If not in hospital, give street I undel General Ho		d. STREET ADDRESS	ant Street	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First William	Middle E	Lost Coates	4. DATE Month OF DEATH August	Day Year 18 1960
s. sex Male	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b. orking life, eyen if retired)	oates	Many & 14. MOTHER'S MAJOEN I	and-	12. CITIZEN DE WHAT COUNTRY? CISIAI Cles
1S. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 12, 11	ALLY E, C	oates 58 De	le ascent et
Conditions, if gave rise to cause (a), statinglying couse lost PART II. O	immediate g the under DUE TO (c) THER SIGNIFICANT CONDITIONS VAS UNDERLYING 20b. DES	Metatase CA PLOS CONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURRE		INAL DISEASE CONDITION GIVEN Part I or Part II of item 18.)	IN PART 1(0) 19. MAS AUTOPSY PERFORMED? YES NO
	. While	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Caunty) (State)
	Pelmin D.	(0_19, and that c	ATTENDING _ M	M, from the causes and o	n. 1960 that (I) (we) last an the date stated abave. 22b. DATE SIGNED
23g. BURIAL, CREMATI BEMOVAL (Specif 24) FUNERAL DIRECTO	48-45-60	(ADDRESS)	Cal Daso. REC		AR'S SIGNATURE

SZOT PRO SERVICE SERVI

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital costending physician.

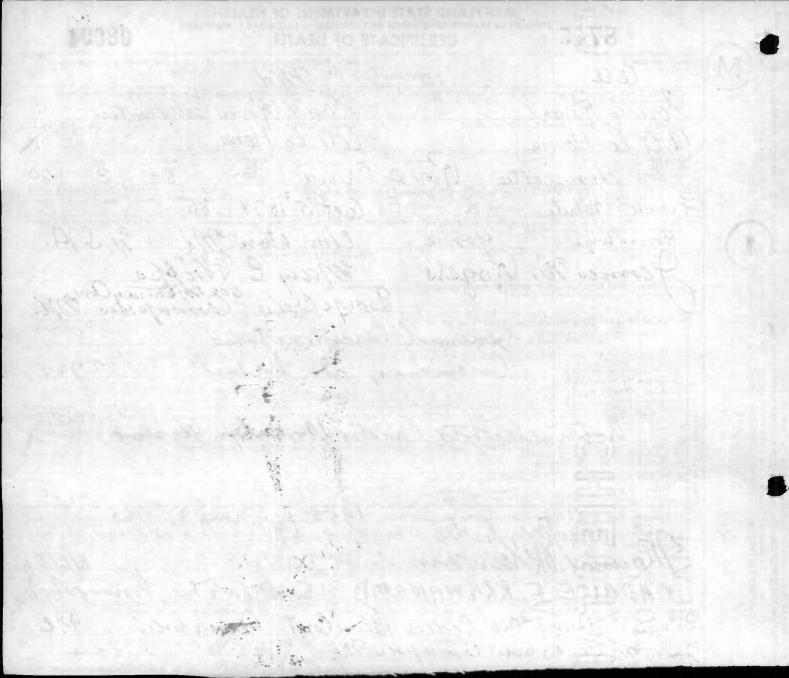
O FUNERAL DIRECTOR: After the difficate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detoched for use as the buriol-transit permit. Then please remaye corbon poters. Pages 1 and 2 should be filed will the State Board of Health priar to burial, cremation, or remayal, and in any event, within Compur after death. may be retained by the haspital TO FUNERAL DIRECTOR: After thi

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8745

M	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
7	D. COUNTY Q Q MARYLAND	o. STATE Md. b. COUNTY A.F.
	b. CIT OR TOWN (If outside approvate limits, write c, LENGTH OF STAY IN 1b RUAL and give peoper town)	c. CITY OR TOWN (H ourside) carporate limits (write RURAL and give nearest town)
+	d. NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION ONLY	detreet address Home on a farmy yes no
	3. NAME OF DECEASED (Type or print) / Lennetta Rallo (Type or print)	Cracg DEATH 8- 3 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER PARRIED B WINDOWED DIVORCED	DATE OF BIRTY 9. AGE (In years lost pight day) Nonths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of wark dane duping most of working life, even if retired) Homse wye	Christophiace (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	James W. Rogers	Mary & Philips
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCAL SECURITY NO. 17 (16 yes, no. or unknown) (If yes, give war or dotes of service)	songe Craig Company Chrend
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	ncin materia N. Mulus 273.
	3 artinglastic Can	NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO. (Enter nature of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ė		CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote) ary, street, affice bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram	eath accurred at 3.M, from the dauses and an the date stated above.
	26. Mannie Hawans	A.D. PHYS. ATTENDING MED. STAFF STONED PHYS. BY STONED
	MAURICE F. KLAWANS, M	1) 31 South for hu. Amaples my
K	Bremoval (Specify) Ong. i 1960 Reday (2)	luy Cont amapolis . Me
1	Julm M. Jay er Sons Candress polis	DATE 250. REC'D BY REGISTRAR Bb. REGISTRAR'S SIGNATURE C'I Llun & Kingus



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8706

CERTIFICATE OF DEATH

08695

					00000
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institution	: Residence before admission)
6. COUNT	Anne Arundel	MARYLAND	Maryla	and b. COUNTY A	inne Arundel
RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street		d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	el General Hospi			lams Drive	3
3. NAME OF DECEASED (Type or print)	Lillie First	Middle	CURRAN	4. DATE Month OF DEATH August	31 19 60
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		Months Days Hours Min.
Female	White widow	/ED X DIVORCED	June 10, 188	38 72 yrs.	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRYS
LH 100	rking life, even if retired)	Homo	Marylar	nd	U.S.
13. FATHER'S NAME	0/6	70.00	14. MOTHER'S MAIDEN		
John	H. Fouch	e.	Unne	17. Medfor	d.
1S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	In P. F	ay lor Addres	"(2)
IIB. CAUSE OF DE	EATH Enter only one couse per I	ine for (a), (b), and (c).1/		1	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	DENO CADI	3/Noma	T/1/2/	ONSET AND DEATH
15. 9	IMMEDIATE CAUSE (o)	UNIO CITE	JIIOM HO	region	300
1-3	DUE TO				
Conditions, if	101				
couse (o), stoting	DI IE TO				
lying couse lost	, (-)				
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
PART II. O PART II. O PART III. O	TENSIVE AT	THE DISTAS	DIABL	1ES MEILLE	YES NO
20g. ACCIDENT V	VAS UNDERLYING [20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
(IF EITHER, NOTIF	IG CAUSE OF DEATH FY MEDICAL EXAMINER)				
Z 20c. TIME OF INJU	JRY Month, Doy, Year 20d.		ACE OF INJURY (Home, far-		(County) (State
20c. TIME OF INJU	10	e _ IAOI WIIIE	ctory, street, office bldg., et	c.)	
	. 01 #8		A 2.00	10 1 00	- 10
				200 , to Aug. 30	, 19_6Q, that (1) box las
	ased alive on Aug. 30	219_60, and that a	death accurred at		on the date stated above
220. SIGNATURE	1 11	12 11	ATTENDING A	A.M. STAFF	22b. DATE SIGNED
0	Mark	Delle!	M.D. PHYS.	DIRECTOR PHYS.	8/31/60
PHYSICIAN'S NAME (Type)			22d. ADDRESS		
	Edward S. Beck	ζ	71 Frank	lin St., Annapol	Lis, Md.
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY C	OR CREMATORY	23d. JOCATION (City, town, or	county) (Stote)
FREMOVAL (Specif	y) 1/1+9-19/	a Cedan 1	3) uld Cant	- (bmake	lis Md
24 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	2 (2/1) 250. RFC	D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
Arlen 1	y Laylu Jens	propole	SINICA		Chan S. Kraus

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: At the house of the discretificate has been signed by the attending physician and campletely filled in by the functional page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

		AND TOMORY SHIP SHIP	
Johnson error		Salar	anaA
	#131 a trent		clienama
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Life of forest	00 million . T	d 5. 100x	ATTE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08696

-			tems	15,14 1	11mG2 (F DEATH	- e t				
a. COU	OF DEATH	Anne Arund	el	MARYLA	g. ST	Maryla		lived. If institution b. COUNTY		Arunde	-
RURA	Annap	olis		NGTH OF STAY IN		RURAL		sville	URAL ond giv		
OKI	INSTITUTION	(Dead on a Coneral	LLTA GTT)	•	d. S	REET ADDRESS					PARM?
DECEAS (Type o	SED	Fran		Middle	D	Last AVIS	4. DATE OF DEATH	Augus		,	19 60
S. SEX	•	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		uary 17,	1883	P. AGE (In years last birthday) 77 yrs.		YEAR IF UNDI	R 24 HF Min.
during	AL OCCUPATION MORE	N (Give kind of work ong life, even if retired	Ic E	PLANT	_	Maryla Maryla		intry)	12. CITIZE	U.S.	OUNTR
(Yes, no, or o		IN U. S. ARMED FOR f yes, give wor or dates of s		5 006	14.45 L	ella Do	ruis .	hrdles	oulle		
IB. C	PART I. DEAT	H [Enter only one co	1	a), (b), and (c).]		1 1	7		73199	ONSET AND	TWEEN
Con	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b) Immediate (DUE TO	Pu	a), (b), ond (c).]	ny	fails (me	tan	tares)	NIERVAL BE ONSET AND	TWEEN DEATH
Congove	PART I. DEAT ditions, if an e rise to im e (a), stoting th g couse lost. PART II. OTHE	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate e under: CER SIGNIFICANT CON	DITIONS CONTRI	A L	H BUT NOT RELA	(me			EN IN PART I	ONSET AND	n n
Con gove couse lying 20a. A OR CC (IF EIT 20c. TI	PART I. DEAT ditions, if on e rise to im e (a), stoting th g couse lost. PART II. OTHE	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b) Immediate (c) ER SIGNIFICANT CON GUNDERLYING (c) GUNDERLYING (c)	DITIONS CONTRI 20b. DESCRIBE H 20d. INJURY WhileN	BUTING TO DEAT	H BUT NOT RELA	In the TERMI	Port I or Port	II af item 1B.)		ONSET AND	AUTOPS RMED?
Conggover Course Iying NOITE IT I I I I I I I I I I I I I I I I I	PART I. DEAT ditions, if on e rise to im e rise to im g couse lost. PART II. OTHE ACCIDENT WAS ONTRIBUTING I THER, NOTIFY A IME OF INJURY Hour o. m. p. m. certify that	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which he under: GUNDERLYING (c) CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yee	DITIONS CONTRI 20b. DESCRIBE H 20d. INJURY While of work a	BUTING TO DEAT HOW INJURY OCC OCCURRED Lot while I work 2	H BUT NOT RELA CURRED. (Enter n Oe. PLACE OF IN foctory, street ram. Feb. M.D. PHY	STED TO THE TERMI of the of injury in Interest of injury injur	20f. (City of tall of	II af item 18.) or town)	(Co	ONSET AND (a) 19. WAS PERFO YES unity) 1. that (1) (1) date stated	AUTOPS RMED? NO 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Then please remove carbon papers. Pages 1 and 2 shavid be filed is or ottending physician.

It is certificate has been signed by the attending physician and completely filled in by the funeral for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fire use as the burial-transit permit. within 72 hours after death. page 3 shauld be detached for use as the burial-transit permit. Then pleas the State Board of Health priar to burial, cremotian, ar removal, and in any may be remined by the ho

VR A1S (4) 15M 9/59

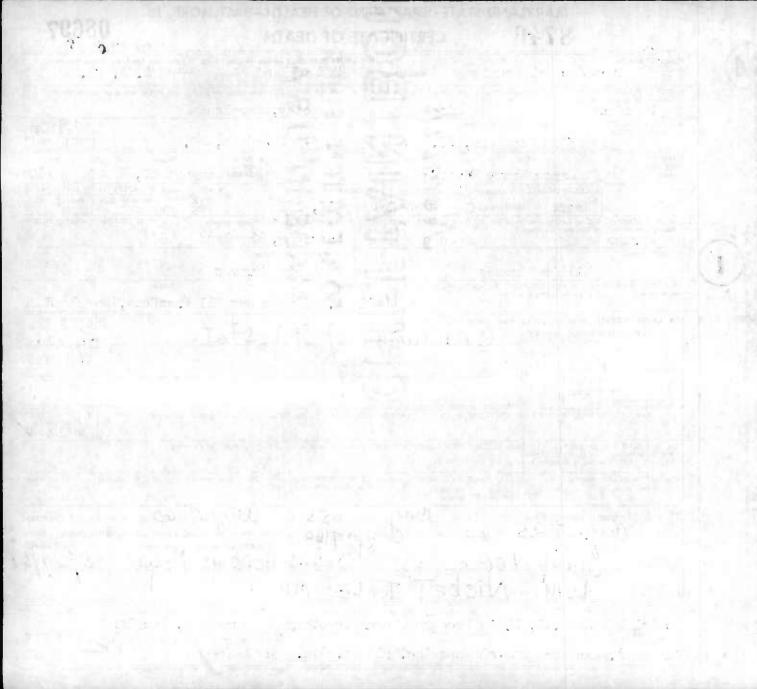
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		7.4.5		SWAWS.
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	Esperal Land Line (McClark)		. all percent chart	
	man and the common	26,47 (1) (3 + 2) States (3 + 2)	and the same of	

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8746

CERTIFICATE OF DEATH

							keg. Dis	T. INO.	
1. PLACE OF DEATH o. COUNTY Anne Arund	el Coun	ty MARYLA	2.	USUAL RESIDENCE (WHO o. STATE Larylar	nere decease nd	d lived. If instituti b. COUNTY	an: Residence	CO.	ssion)
b. CITY OR TOWN (If outside corporo RURAL and give nearest tawn)	te limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	outside corpo	rote limits, write R	URAL ond g	give nearest tov	wn)
Pasadena		Life		Magothy.	Mary	land			
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION		100		d. STREET ADDRESS Box 511 Pa	andone	Ma		ON	A FARM?
Box 5.11	**	na, Md	11/						
3. NAME OF DECEASED (Type or print) Jame	s Henry	Edwards.		Last	4. DATE OF DEATH	August		Day	19 60
S. SEX 6. COLOR OR I	RACE 7. MARE	RIED NEVER MARRIED	☐ B. D.	ATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR IF UNI	-
Male Negro	WIDOWI	ED DIVORCED [I Ma	ay 18, 1898		62 yrs.	Months	Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind af during most of working life, even if r Farmer	wark dane 10b. etired)	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote Pasadena,			12. CITI	ZEN OF WHAT	COUNTRY?
13. FATHER'S NAME			14	I. MOTHER'S MAIDEN N					
Willie	Edward	q	174	Annie	Edward	35			
IS. WAS DECEASED EVER IN U. S. ARMEI			INFO	RMANT	-0.,,,,,,,	Add	ress		
(Yes, no, or unknown) (If yes, give war or do			Delia	a E. Edward	s Boss	511 Paga	dens.	Maryla	ba
Conditions, if ony, which)	D BY: USE (a) UE TO (b)	estor (a), (b), ond (c).	ma	g Pr	F20	ate		INTERVAL E	
couse (o), stoting the under-	UE TO								
PART II. OTHER SIGNIFICANT							VEN IN PART	T 1(o) 19. WAS PERF YES [ORMED?
	EATH	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Por	f II of item IB.)			
20c. TIME OF INJURY Manth, Doy Hour o. m. p. m.	, Year 20d. II While at war	Not while	e. PLACE foctory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	or tawn)	(C	County)	(Stote)
21. I certify that I attended alive an Actual SIGNATURE	2.5, 19.1	ed fram. War 60, and that 6	1	Johns 1	_M, fram	fine causes are treet, city or town,	d an the	date state	
PHYSICIAN'S NAME (Type)	·N	ISDE]	Tool	E MD			1		
220. BURIAL, CREMATION, 22b. DATE TO Sept.	HEREOF 1, 1960	Magothy Ch			-	tion (City, town, cadena, 1		-	ote)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	076 1	24a. REC'	D BY REGIST		STRAR'S SIG		



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2070

	3400							00	1000	
1. PLACE OF DEATH o. COUNTY			AA A DVI	n ST		here deceased	lived. If institution b. COUNTY	n: Residence t	before admi	ssion)
	Anne Arı		MARYLA		Mary			Anne A		
RURAL and give r		nils, write	c. LENGTH OF STAY IN	t 1b c. CI		outside corpor	ote limits, write RU	RAL and give	nearest tow	vn)
d. NAME OF HOSPI	ITAL (If not in hospital,	give street		d. S	TREET ADDRESS	List Leri	· A		e. IS RE	SIDENCE
OR INSTITUTION	el General					x-651			ON	A FARM?
3. NAME OF	F	irst	Middle		Last	4. DATE	Month	0	Doy	Year
(Type or print)	Elmon	JOHN	W. FIMER	FN	SOR	OF DEATH	August	000	24	19 60
S. SEX	6. COLOR OR RACE		IED NEVER MARRIED			1	9. AGE (In years	IF UNDER 1 Y		
Male	White	WIDOW				4	74 yrs.	Manths Do	ys Hours	Min.
00. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (State	or foreign co	untry)	12. CITIZE	OF WHAT	COUNTRY
Electric	rking life, even if retire วัวพ	a)		-5100	Mary	land			U.	S.
3. FATHER'S NAME				14. MC	THER'S MAIDEN		57-11-1			-
Samuel L	loyd Ensor	r		159.46	Eleanor	Harmar	1			
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFORMAN		2002 21204	Addre	ess		
No No	If yes, give wor or dates of		217-01-1841	Mrs G	ertrude :	Engon	Severna	Panle	Marri	beel
	ATH (Fater only one of			1 m 2 0	or or due.	THISOT	peverna		Mary INTERVAL E	
	ATH WAS CAUSED BY:		ne for (a) (b), and (c).]	0.4.			. *		ONSET AN	D DEATH
TART I. DE	IMMEDIATE CAUSE	(o) / UL	prince	anu	vry	m,	M.			
450	DUET	0 .	10	-	_ (9/	7
Conditions, if	any, which)	-	king a	and	ri				04	n
gove rise to		0		-	1					
lying couse lost.	the under-	a	Mino	rele	non	in			<	
	THER SIGNIFICANT CO	NDITIONS (ONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 10	a) 19. WAS	AUTOPSY
OI .									PERF	ORMED?
PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)		Looi Dec				0 11 0 1	11 - () 10 3		TES [NO [
OR CONTRIBUTING	AS UNDERLYING A	4	CRIBE HOW INJURY OC	CURRED. (Enter I	noture of injury in	Part I or Part	Il of item 16.)			
	Y MEDICAL EXAMINER)									
20c. TIME OF INJU				Oe. PLACE OF II	NJURY (Home, far. et, office bldg., et	m, 20f. (City	ar town)	(Cou	nty)	(State
Hour o.m.	19	While at wor	Not while	100.0177 2110	an, orride brage, or		-			
	-1 (I) (Mahada1)	41 14	led the deceased f	Ana	21. 1/	60 . 1	ma 21.	10 60	AL 4 (1)	(mm) 1
	sed alive an AU	Be-Relly	19_60 , and t	hat death ac	curred at	ON Non	the causes and	on the d		
220 S GNATURE	1 Ans	/		ATT	ENDING A	A M.	STAFF		2	22b. DATE SIGNED
non	4 1114	wy	as	M.D. PH	rs. 🔼 b	DIRECTOR	PHYS.		8/2	4/60
22c. PHYSICIAN'S NAME (Type)			/	22d	. ADDRESS					
(17)00/	Frank M.	Shiple	N	1	21 Cathe	dral St	Annap	olis.	Md.	
23a. BURIAL, CREMATI	ON, 23b. DATE THERE	OF	23c. NAME OF CEMET	ERY OR CREMA			ION (City, town, or			ate)
REMOVAL (Specify	1)	1960	Dmid R	1dge			kesville		land	
24. FUNERAL DIRECTO		7700	ADDRESS	Tuke	25g. RFC	DAY RECIST		TRAR'S SIGN		
		36	31 Falls Par	- J	DATE.	AUG 2 0	00	Linn &		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	8703	CERTIFIC	ATE OF DEATH	1	15400	0.81	699	
1. PLACE OF DEATH o. COUNTY	Anne Arundel	l MARYLAN	2. USUAL RESIDENCE (V o. STATE Maryl		b. COUNTY .	Residence before		ion)
RURAL and give	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 9 hours		f outside corporate L – Harw		AL ond give ne	arest town)
OR INSTITUTION	PITAL (If not in hospital, given the General Ho		STREET ADDRESS					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Grace	Middle	EVANS	4. DATE OF DEATH	Month August		4	Yeor 19 60
S. SEX Female		MARRIED NEVER MARRIED [VIDOWED DIVORCED		1901		Months Days	R IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of w	TION (Give kind af wark dan orking life, even if retired)	ne 10b. KIND OF BUSINESS OR IN		rland	ry)	U.S.		OUNTRY?
13. FATHER'S NAME	lbest	Hall	14 MOTHER'S MAIDEN	tu H	lal	l		
1S. WAS DECEASED ET	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi		7. INFORMANT	vans	Facec	dso	me	les
Canditions, in gave rise to couse (o), stolin lying couse los	earth Was Caused By: MMEDIATE CAUSE (a)_ DUE TO Only, which (b)_ immediate DUE TO t. (c)_	e per line for (o), (b), and (c).]	Visulas	acre	slovi	row	TERVAL BE	DEATH
PART II. O	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)	PERFO	AUTOPSY RMED? NO
OR CONTRIBUTION	MAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	n Port I ar Part II	of item 18.)			
20c. TIME OF INJI	10	20d. INJURY OCCURRED While Nat while at wark at wark	 PLACE OF INJURY (Hame, fa foctory, street, office bldg., e 	rm, 20f. (City of	town)	(County)	(State
	nat (I) (this haspital) ased alive an Aug	attended the deceased from 8, 1960, and the	at death accurred at				e stated	abave.
22c. PHYSICIAN'S			M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
NAME (Type)	A. T. Allen		62 Cathed				-	
BUNGAL (Special	68-12-19	60 CONSTRUCTOR	ms	Lots	Nigity, town, or	1/1/0	(Stote	e)
PA FUMERAL DIRECTO	or's signature	#. anna	· W///	C'D BY REGISTRAF		RAR'S SIGNATI		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY Anne A	rundel		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased		on: Residenc		lmission)
b. CITY OR TOWN RURAL ond give Crowns	4.0.0	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF					town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital.		oddress)	ua, s	d. STREET ADDRESS			U	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi	ni nna	Middle	•	1321 Ents	4. DATE OF DEATH	Mor		Day 29	Year 19 60
5. SEX			IED NEVER MARR	150 🖨	8. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Female	Negro	WIDOWI			July 29, 190	06	lost birthdoy) 54. yrs.		Days Ho	
100. USUAL OCCUPAT during most of we Factor	orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	Maryland		ountry)		ZEN OF W	HAT COUNTRY
13. FATHER'S NAME	10 10 10 10 10				14. MOTHER'S MAIDEN					
August	a Fleet				Ada	Murray	y			
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FO	CES? 16.	SOCIAL SECURITY NO Unknown		WFORMANT Hospital Reco	ords	Add	ress		
Conditions, if gove rise to couse (o), stotin lying couse lost PART 11. O	g the <u>under-</u>) <u> </u>	Carcinos		Ovary	IINAL DISEAS	E CONDITION GIV	/EN IN PART	1(o) 19. W	'AS AUTOPSY RFORMED?
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture of injury in	Port 1 or Port	t II of item 1B.)		YES	NO []
20c. TIME OF INJU	10	While	k ot work		ACE OF INJURY (Home, fari ctory, street, office bldg, et		or town)	(C	ounty)	(Stote)
	that I attended the 8/29 L. Bened	12_ este			occurred at 7:301 M.D. Crownsvi Crownsvi	ADDRESS (Se	reet, city or town, a.te Hospi	and an th	e date s	he decease tated above DATE SIGNE 8/30/6
220. BURIAL, CREMAT		196 e	22c. NAME OF CEA	AETERY O	CEM.	22d. LOCAT	TION (City, town,	or county)		(Stote)
23 FUNERAL DIRECTO	OR'S SIGNATURE	1 1	ADDRESS //	29	24o. REC	D BY REGIST		STRAR'S AG		

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write hours after deoth. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) should 12 urnit 10 d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 0 oug 2 NAME OF 4. DATE Middle filled DECEASED OF DEATH (Type or print) within 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) WIDOWED | DIVORCED [complet popers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) puo pou 11200110 ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL certificote remove 72 hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending 0 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY: Ducimena DUE TO p any Canditians, if any, which signed gave rise to immediate DUE TO bei cottse (a), stating the underpuo lying cause lost. burial-transit (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removol, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) ō factory, street, affice bldg., etc.) o. m. While Not while 19 of work at work p. m. -- 1940 21. I certify that I attended the deceased from. 19(20), that I last saw the deceased burial, __, and that death occurred at M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) det 0 ACTUAL SIGNATURE prior should be PHYSICIAN'S NAME (Type)

HOSPITAL TO FUNERAL 3 pode moy VS A15 (4) 1SM 9/55

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

960

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR 2 AUG 3

22c. NAME OF CEMETERY OR CREMATORY

Magdowridge/

ADDRESS

(County)

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED? YES NO I

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

Months

ON A FARM? YES NO

Year

1966

Min.

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1. PLACE OF DEATH o. COUNTY DENNE MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION puo . 5 NAME OF First Middle 4. DATE Lost filled DECEASED OF H run (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO WIDOWED DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (Stole or foreign country) during most of working life, even if retired) Engener fram ordensi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one coule per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if ony which any gove rise to immediate DUE TO couse (o), stoting the underlying couse lost 20a. ACCIDENT WAS UNDERLYING THE OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from... .____, and that death occurred at alive on 080 DIRECT ACTUAL should PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. N 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Yeor 1960 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
lost birthday) Mogths Days Hours Min Months 75 yrs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) 19____,that I last saw the deceased 7. A.M. fram the causes and an the date stated above.

DATE SIGNED

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

DATES UG 2 5 '60

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 8749 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Résidence before admission) o. COUNTY b. COUNTY MARYLAND B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 6 16 30 by YES THE NO 116 NAME OF 4. DATE Month Day filled DECEASED Pages 1 OF DEATH death. (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdov) Months Days Hours WIDOWED TH DIVORCED T - yrs. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which has been signed gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost burial-transit ottending physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while S p. m of work of work 21. I certify that (1) (this haspital) attended the deceased fram. may be retained by the TO FUNERAL DIRECTOR: A page 3 shauld be detach the State Board of Health saw the deceased alive an . 1962, and that death occurred at 2.24M, from the causes and an the date stated above. 220. SIGNATURE SIGNED ATTENDING M.D. PHYS DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) DIRECTOR'S SIGNA 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

arthur S. Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. 08704

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1. PLACE OF DEAT		el			MARY	LAND	a. STAT	residence (w	Vhere dece	eased live	b. COUNT			admissi	ion)
b. CITY OR TOVE RURAL and g Crowns V	ive nea		nits, write	c. LENG	TH OF STAY			or town (If		arporote	limits, write	RURAL ond	give near	est town)
OR INSTITUT	TION	t (If not in haspital. e State H						et address known					•		IDENCE FARM?
3. NAME OF DECEASED (Type ar print)			ini ank		Middle Hor	mer		Gray	4. DAT		Mo	enth 8	Doy 22		Yeor 19 60
5. SEX		6. COLOR OR RACE		RRIED N	IEVER MARRIE	-	8. DATE OF April	29, 18	87	9. A	GE (In years	Manths	Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCU during mast a Unknown	JPATION f working	N (Give kind of warking life, even if retire	done 10i	b. KIND OF	BUSINESS OF	R INDUS		THPLACE (Sion	_	n cauntr	у)	12. CI	U.S.		COUNTRY
3. FATHER'S NAM	AE.						14. MOTH	ER'S MAIDEN	NAME						
Henry	Do	rsey						ebecca	Gray			-			
15. WAS DECEASE (Yes, no. or unknown)		IN U. S. ARMED FO tyes, give war or dotes of	service)		9-7936		Hospi	al Rec	ords		Ad	dress			
Conditions, gove rise cause (a), stellying couse	if on ta imating the last.	mediate DUE T	(c)	Ur	emia, I	Decu	Cardi	o v ascu						T AND	
CATIC		R SIGNIFICANT CO			enility		NOT RELATE	D TO THE TER/	MINAL DIS	EASE CC	NOTION G	IVEN IN PAI		PERFO	RMED?
	IT WAS JTING (OTIFY A	UNDERLYING CAUSE OF DEATH	20b. DI	ESCRIBE HO			D. (Enter nat	ure of injury in	n Part I or	Port II c	if item 18.)				
20c. TIME OF I		Month, Day, Y		INJURY O				JRY (Hame, far office bldg., e		(City ar 1	own)		(Caunty)		(State)
21. I certif alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	8,	il degard l	19 Par ()	60 Ro	um		occurred	59 , to 1 ai7:30A rownsyi	ADDRES	rom the State	e Hosp	and on to, state)	Md.	8/	
220. BURIAL, CREAREMOVAL (SE	pecify)	8/24	160	200	mily DRESS	d	B	the	2 -1 -5	12	City, town	or county)	CNATUR	(Stote	20
23. FUNERAL DIKE	Z.	SIGNATURE	-0	_ /d	18/1	1/	that	240 RE	C'D BY RE	OU IKAR	246. REC	SISTRAR'S SI	4 -		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4, may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached to use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be formatted the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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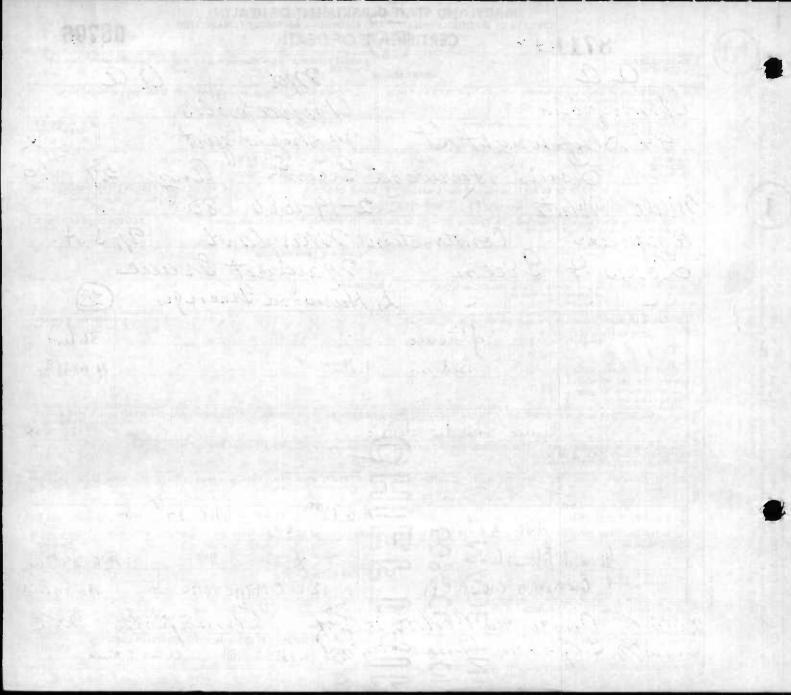
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illed in by the funeral d TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hastered or attending physician.

TO FUNERAL DIRECTOR: All is certificate has been signed by the attending physician and compleage 3 shauld be detached to: use as the burial-transit permit. Then please remave carban papers the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs of is certificate has been signed by the attending physician and course as the burial-transit permit. Then please remave carbon parta burial, cremation, ar remaval, and in any event, within 72 haur

VR A1S (4) 1SM 9/S9

o. COUNTY Q Q	MARYLAND	a. STATE DICE (Where deceased lived. If his	1			
b. elty OR TOWN (If autside carporate limits, RUR) to and give nearest fown)	write c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, wi	rite RURAL and give nearest tawn)			
d. NAME OF HOSPITAL OF not in hospital, give OR HISTITUTION	e street address)	d. STREET ADDRESS 94 Strepwright	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Harwood	Quent of DEATH a	Manth Day Year 27 1960			
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-19-1880 9. AGE (In y lost birthd	Manths Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind af wark da during mast af warking life, even if retired) MANUELY	Construction	STRY 11. BIRTHPLACE (State or foreign country) NOW LEVEL	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S PAME 4. 9	reen	Margaret 2s	ace			
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of serv		Harwood Green	Address 3			
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
Canditions, if any, which gove rise to immediate DUE TO	Bed sue	nfection	4 mentos.			
lying cause last. (c)	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDI	o vascular clinea	12	YES NO 2			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II af item 18	1.)			
Y 20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19		ACE OF INJURY (Home, form, 20f. (City ar tawn) ctary, street, office bldg., etc.)	(County) (State			
21. I certify that (I) (this haspital) attended the deceased fram. AUG 13 , 19 60, ta AVG 27 , 1960, that (I) (we) last saw the deceased alive an AUG 27 1960, and that death accurred at 9.6 M, fram the causes and an the date stated above.						
220. SIGNATURE Gerard Cohu	1	M.D. ATTENDING MED. STAFF	AVG 29 BONEL			
22c. PHYSICIAN'S V CAZOR AND	CHURCHI	121 CATHEDAAL	ST ANNAPOL			
230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) and 30-	1960 Ledar (Bluff Conna	polio mal			
FUNERAL DIRECTOR'S SIGNATURE CO. S.	uno anto	T. Oliver	REGISTRAR'S SIGNATURE CIVILINA S. Kraus			



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08707

	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b o. STATE b. COUNTY Anne Amindel	efore admission)
)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
3	Annapolis d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Anne Arundel General Hospi		d. STREET ADDRESS Rt. 3. Box 709	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Lost 0 4. DATE Month	Day Year
	(Type or print) Wheeler	В•	Green St. DEATH 8 14	1 1960
	s. sex 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH 11 - 34-1907 9. AGE (In years lost birthday) Months Day Months Day	AR IF UNDER 24 HRS. /s Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. K. done) and the state of working life, even if retired)		STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Mouth Landena 21.	SA.
	3. FATHER'S NAME Green	<i>d</i>	Ja MOTHER'S MAIDEN NAME Gulia Barber	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC [Yes. no, or unknown] [If yes, give wor or dates of service]	OCIAL SECURITY NO. 17, IN	Boris D. Green 2	
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under: lying cause lost. (c)	Coronary or	leng des ears	NIERVAL BETWEEN DNSET AND DEATH 10 minules
		ontributing to DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160	19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of item 18.)	
	Hour o.m. While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (Cour	ity) (Stote)
1	21. I certify that (I) (this haspital) attended sow the deceased alive on Aug 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	19 60, and that o	M.D. PHYS MED STAFF PHYS 22d. ADDRESS	that (I) (we) lost ote stoted above. 22b DATE SIGNED
	23g BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 8-17-19/20	17 UNCH 23c. NAME OF GENETERY O FT LINE	R CREMATORY 23d LOCATION SCIENT COUNTY) OLW 121 CATHEDRAL ST RECREMATORY 123d LOCATION SCIENT COUNTY)	(State)
1	24. EUNERAL DIRECTOR'S SIGNATURE JULIN M. Jay Lin Sims	apress pot	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA DATE AUG 1 8'60 Callun S.	

may be retained by the house of a cattending physician.

Defined by the house of a cartificate has been signed by the attending physician and campletely filled in by the funeral caparapage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hor

VR A15 (4) 15M 9/59

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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessar please execute the certification writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Pel 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

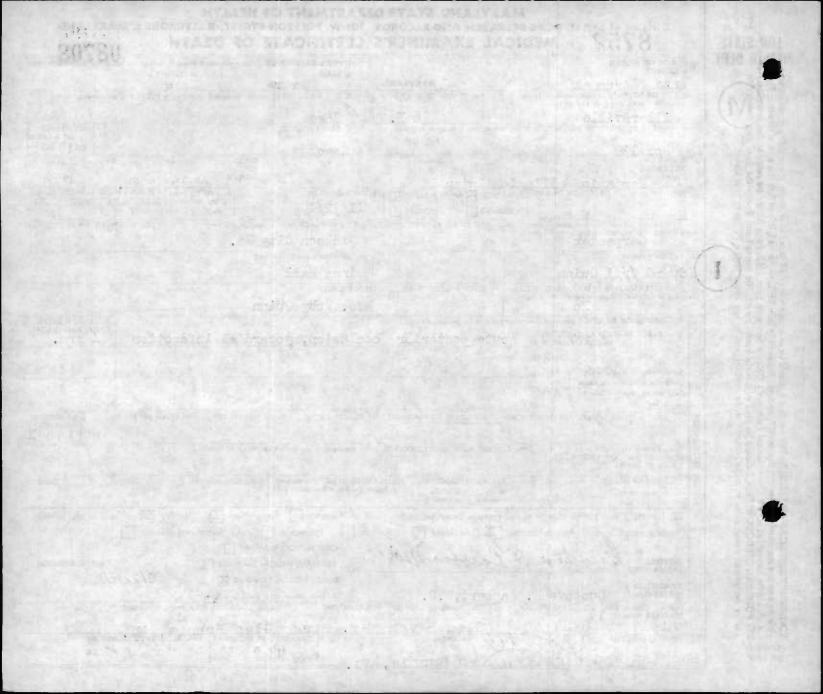
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of the Albertal or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

በደንበዩ

•	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. STATE b. COUNTY
	Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	Sa. Me Same c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
,	Millersville 6 Y. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Same d. Street address on a farm?
	Box 139	Same YES NO Y
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) Benjamin Wellington Guinn	August 20th. 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGÉ (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 17 / 7 0 / 7 0 Months Deys Hours Min.
	M WIDOWED DIVORCED	11/12/10 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	y 11. BIRTHPLACE (State or foreign country) Dickson City Pa.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward Frit Guinn	Anna Hall
_	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	No	Mrs. Ruby Guinn
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute posterior o	eclusion, myocardial infarction 4 hrs.
	DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate cause (e), stating the underlying DUE TO	
	cause last, (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH.	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
		nter neture of injury in Pert I or Pert II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection X, Inquiry X, and in my opinion
	death resulted from: Natural causes Accident . Suici	de, Homicide, Undetermined manner
	le 1 N.D / DIA.	CHIEF MEDICAL EXAMINER
)	ACTUAL SUSSIA De Cauber Mille "	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S NAME (Type) Gustave H. Faubert, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
		Mem. Park Glen Burnie Ma.
	23. FUNERAL DIRECTOR DEFENSE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S STGNATURE
	Hopping and Kirkley, Glen Burnie,	Md DATE 400 23 00 - 7 France



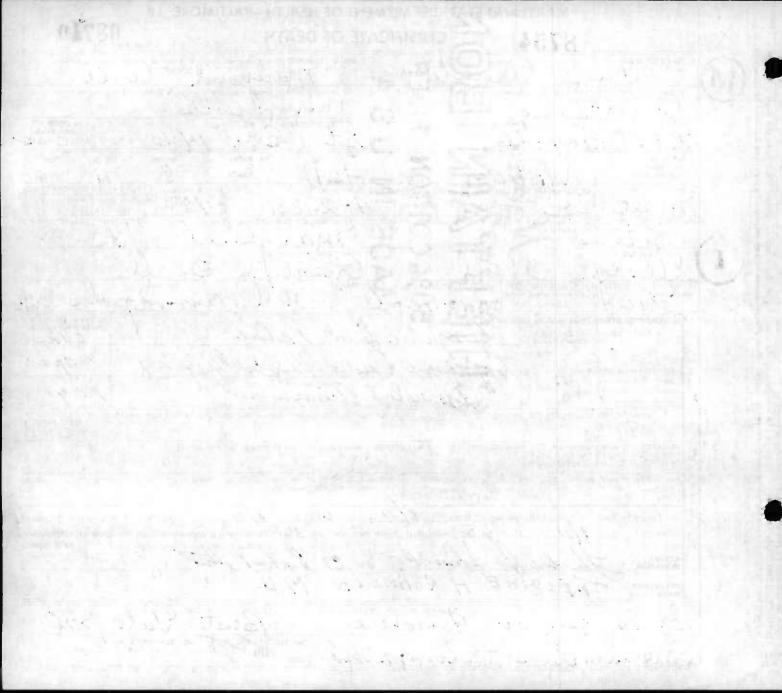
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Anne drustel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ANGLOS D. COUNTY
b. CITY OR TOWN (If outside corporate limits with AURAL ond give nearest lymn)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
DINSEY IS 176, 100 of hospital, give street oddress)	d. STREET ADDRESS 1. Box 112 C Dorsey Red ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ruffits Table Middle	HALLOST S. Month & Pay 19 600
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3. DATE OF BIRTH Duly 20,19/5 9. AGE us yours if UNDER 14EAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11, BIRTHPLACE (State or fareign country)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT! William N. Hall 1944 Richald are
18. CAUSE OF DEATH [Enter only one cause per line for (a)((b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	W skuel fractures ginterval between ONSET AND DEATH
983× DUE TO	
gave rise to immediate cause (a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Enter nature of injury in Part I or Part II of item 18.) - rug
20c. TIME OF INJURY Month, Day, Year Rod, INJURY OCCURRED 20e. PLA Hour on, 8/27 19 oc of work of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection , Inquiry , and find that
death resulted from: Notural causes, Accident, Sui	icide , Homicide , Undetermined couse .
ACTUAL SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S W. Badley King Jr Mo	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
220. BURIAL EREMATION, 226. DAYE THEREOF 220. NAME OF CEMETERY OR	CREMATORY 22d. NOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D'BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VIMO I CALLERY WALLOWN 322 11. SCALL	TOURS SY DATE ALLY 160 Chilles & Known

HOSPITAL VS A1S (4) 15M 9/SB



HOSPITAL FUNER 3 poge 0 0

e. IS RESIDENCE ON A FARM? YES NOT Month Day Yeor 8 19 60 IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 1960 that I last saw the deceased and that death accurred at 2:30P. M. from the causes and an the date stated above. DATE SIGNED Crownsville State Hospital. Md. PHYSICIAN'S Hildegard Heard Reissmann, M. D. Crownsville State Hospital. Md. 8/16/60 NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City Jown, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 6 '60 Cirhur S. Marte

Reg. Dist. No.

15M 9/55

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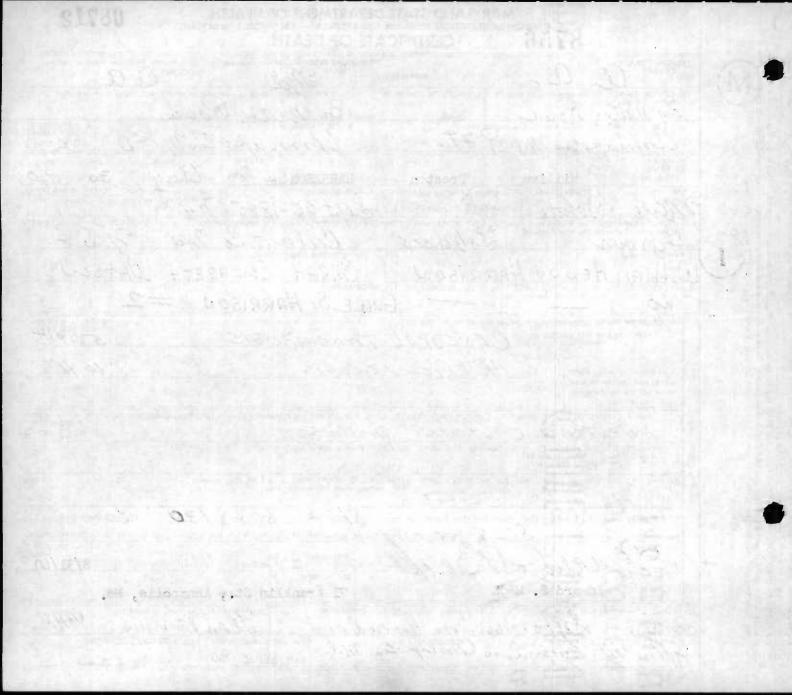
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08712

1	010	CERT	IFICATE OF L	JEM III		
	1. PLACE OF DEATH O. COUNTY	MA	2. USUAL RE	SIDENCE (Where deceased live	b. COUNTY	pefare admissian)
	b. CITY OR TOWN (If autside corporate RURAL and give nearest tawn)	d	1 By	R TOWN (If autside corporate	limils, write RURAL and give	
	d. NAME OF HOSPITAL (If not in hospi	ital, give street address) Md P, F.D.	d. STREET	mapol	is M.RFD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) W111	iam Prestor		TSON SP 4. DATE OF DEATH	alua 3	Day Year 30 1960
	5. SEX 6. COLOR OR R		RRIED B. DATE OF BI	25-1885 9. A	GE (In years IF UNDER 1 YE ast birthday) Manths Day	EAR IF UNDER 24 HRS. ys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of a duping most of working life, even if re	wark dane 10b, KIND OF BUSINESS	S OR INDUSTRY 17. BIRTH	APLACE (State ar fareign countr	Md. 2. CITIZEN	S A.
	DILLIAM HEUR	y HARRISON	14. MOTHER	PAH ELIZAS	EtH WAT	SON
	1S. WAS DECEASED EVER IN U. S. ARMEL (Yes, no. or unknown) (If yes, give wor or do		NO. 13 INFORMANT GRACES	. HARRISON	Address # 2	
	18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: CEO->>	1 -	MBOSIS	5	INTERVAL BETWEEN
	Conditions, if any, which gave rise to immediate	(b) ARTERIO.	SCHEROS	15		10 YES
	cause (a), stating the <u>under-</u> lying cause last.	JE TO (c)				
	HYPERTENS	CONDITIONS CONTRIBUTING TO	DISEM.	SE		PERFORMED?
		EATH	Y OCCURRED. (Enter natur	e af injury in Part I ar Part II a	if item 18.)	
	20c. TIME OF INJURY Manth, Day Haur a. m. p. m.	, Year 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJUR factory, street, of	Y (Hame, farm, 20f. (City ar I fice bldg., etc.)	(Cau	nty) (State
	21. I certify that (I) (this has saw the deceased alive an_	C/ - N/		2 160 ta 8 , red at M, fram the	130 , 1960, causes and on the d	
	220. SCHAPUR	1 See	M.D. ATTEND	DIRECTOR P	TAFF HYS.	22b. DATE SIGNED 8/31/60
	22c. PHYSICIAN'S NAME (Type) Edward S	BECK	22d. AD	Franklin St.,	Annapòlis, Md	•
Ċ	23a. BURIAL, CREMATION, 23b. DATE THE SEMOVAL (Specify)	1EREOF 23c NAME OF C	emetery or crematory	it Hen	(City, tawn, ar county)	SHE
	24. FUNERAL DIRECTOR'S SIGNATURE	In Sun Cappress	polis Md.	250. REC'D BY REGISTRAR DATE SEP 2 '60	25b. REGISTRAR'S SIGNA	



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL ANDINER: This certificate should be executed within 24 hours after death. If any delay is necessar please execute the certification writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Path should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healt or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. VS. A15ME

5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1871) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			00170
1. PLACE OF DEATH a. COUNTY Annual Annual Columns	2. USUAL RESIDEN o. STATES AME	CE (Where decessed lived, If	institution: Residence before edmission) ITY
Anne Arundel MARYLAND			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Glen Burnie b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass)	d. STREET ADDRESS		. IS RESIDENCE
413 Magnolia Road	d. SIREET ADDRESS		ON A FARM?
		Same	YES NO T
3. NAME OF DECEASED (Type or print) LILLIAN G.	HOLLINS	4. DATE Month OF DEATH	10
	DATE OF BIRTH	19. AGE (In years	30th 19 60 [IF UNDER 1 YEAR] IF UNDER 24 HRS.
TO THE TEXT MAKED	- 1 1-	last birthday)	Months Deys Hours Min.
WIDOWED DIVORCED	7/11/89	71 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSOWIFE	baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN	2.000	1058
William Akers	Jennis Br		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	sharry S. Wr	ight - 113 Mag	nolia Rd.
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (a) Crongry Occl	usion		Sudden
H 2 0 DUE TO			0000000
Conditions, if any, which (b)			
geve rise to immadiate causa			
(a), steting the underlying DUE TO			
cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The state of the s			YES NO TL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS C	Enter nature of Injury in Pe	t I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferr	n, 20f. (City or town)	(County) (Slete)
	tory, street, office bldg., etc		(40011)
21. I certify that I took charge of the remains described above, he	ald an Autopsy ,	Inspection , Inquir	y , and in my opinion
death resulted from: Natural causes X, Accident , Suic	ide , Homicide	Undetermined m	nanner
	CHIEF MEDICAL	EXAMINER	
SIGNATURE SUSTEN XRacler	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
ERAMINER'S		L EXAMINER A X 8,	/30/60
NAME (Type) Gustave H. Faubert M.D.	Address (Street,	city, town, or county)	
22e. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	, or country) (State)
Burial Director 9/2/60 Loudon Park	Cem 240. REG	Balto Md	ISTRAR'S SIGNATURE
Den & Tinkner & Sous -	Bath	110 0 4 100	Luing S. Thous
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M	0	II	afec	
ZIC	D P	EBA	sign	
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C	A Sh	A C	-i-	
TO DEPUTY MEDICAL CAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary	AIS	H		

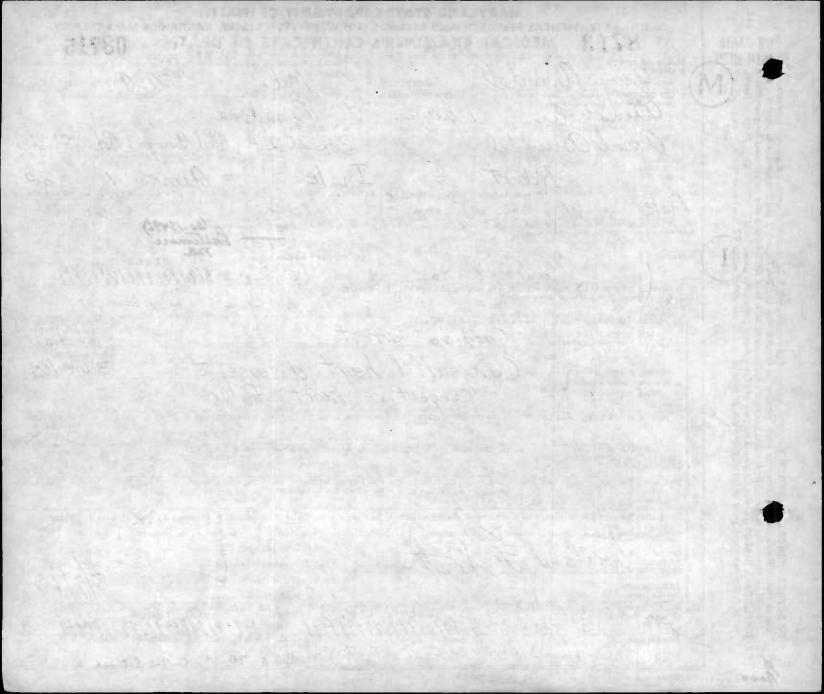
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					1714
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE o. STATE	CE (Where decessed lived, I b. COU		co beione admission)
Anne Arundel	MARYLAND	Md.	В. СОО	A.A.	
	LENGTH OF STAY IN 16		f outsida corporata limits, wri	te RURAL end give	neerest lown)
	2 hours	Gambri.	lls		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital		d. STREET ADDRESS			. IS RESIDENCE
		1			ON A FARM?
Donohue Basebal Field		Waugh Char	pel Rd.		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Dey	Year
(Type or print) Paul T. Honor, 111				/60	19
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH		IF UNDER 1 YEAR	
M IJ WIDOWED	DIVORCED	1/19/32	last birthdey)	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Stele	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
done during most of working life, even if retired) Electrician	il Somice	Washington		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Paul I. Honor Jr.		Mary C. F	riedrichs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. II	NFORMANT	Addres	\$5	
(Yes, no, or unkown) (If yes give wer or deles of service)	1 Wina	Monte C En	iedrichs (Mot	her)	THE STATE OF
		· Mary O. Fr	Tedi Tons (110 o.	1101 /	
18. CAUSE OF DEATH [Enter only one cause per line f	or (e), (b), end (c).]				TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electr	rocution				DET AND DEATH
25 . 3.4					
DUE TO					
Conditions, if eny, which (b)					
geva rise to Immediate cause (e), stating the underlying DUE TO				17 40 1-17	
cause lest.					
(6)	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(a) 1	VACALITORSY O
E PACITIC OTTER STORM CONTINUES	01110 027111 001 110	ALLATED TO THE TERMIN	AL DISEASE COMBINOR OF	A P. I. A L. V. V. 1/0)	PERFORMED?
					YES TO NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE H	IOW INJURY OCCURED. (E	nter neture of injury in Perf	t or Pert II of item 1B.)		
	cly touched (live) wire w	hile on light	pole	
S 20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 200. PLACE			(County)	(State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJU While at work at work	Not While Base	ball Field		Anne Arun	del Md.
21. I certify that I took charge of the remains	s described above, hel	d an Autopsy X,	Inspection , Inqui	iry , and	in my opinion
death resulted from: Natural causes .	Accident X. Suici	de . Homicide	Undetermined	manner 🗍	
	/ Control				
1/20/11	4	CHIEF MEDICAL E	XAMINER [
ACTUAL SIGNATURE		M.D. ASSISTANT MEDI	CAL EXAMINER	D	ATE SIGNED
the William III and the Wi		DEPUTY MEDICAL	EXAMINER T	8	/23/60
EXAMINER'S W. Bradley King	, Jr., M.D.	Address (Street, c	ity, town, or county)		, 23, 00
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify)	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow	n, or country)	(State)
	rlinoton Na	t'l. Cem.	Fort Mever.	Virginia	
23. FUNEBAL DIRECTOR	ADDRESS		D BY REGISTRAR 24b. REG		
Hold Singleton,			AUG 2 6 '60	Cirilian S. K	1
G G	len Burnie,	Md. DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CH AND RECORDS. FOR STATE 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) PLACE OF BEATH a. COUNTX files. Health, e. STATE b. COUNTY any delay is necessar director. Pa MARYLAND b. CITY OR JOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Your o, end give meerest town) d. STREET ADDRESS a. IS RESIDENCE retained for d NAMEO ON A FARM? and 3 to the funeral State ! YES NO NO NAME OF Middle DATE DECEASED (Typa or print) DEATH 19 with 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birth a) | Months | Days 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED may Months WIDOWED DIVORCED and and 72 7 USUAL OCCUPATION (Giva kind of work BIRTHPLACE (State or foreign country 60 -1849 . CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | Page Give Pages 1, 2 dona during most of working life, even if retirad) 0146 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brenneman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unkown) (Ifyes giva war or dates of sarvica) in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. mmediate IMMEDIATE CAUSE (a) in pencil DUE TO Conditions, if eny, which gave rise to immadiata cause 0 DUE TO (a), steting the underlying es cause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? writing the word Chief Medical E NO X plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, offica bldg., etc.) Not Whila Hour e.m. et work et work forwarded to in L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry DEPUTY MEDICAL execute the certifi Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATK SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a, SURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY timore, (State) ils REMOYAL (Spacify) Cem. 0 4 D 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Orthur & Keny



VR A15 (4) 1SM 9/S9

MAKTLAND	SIAIF	DEL	AKIM	ENI	OF HE	ALI	н
DIVISION OF STATISTICAL	RESEARCH	AND	RECORDS	1	BALTIMORI	E 1, M	ARYLAND
- 051	TIPLO		OFF	NE A	701.4		

	014		GERTINIO,	VIE OF DEATH			HX.Y	
1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (WH	nere deceased liv		on: Residence befo	ore admission)
J. COUNTY	nne Arund	el	MARYLAND	Maryla	and	b. COUNTY	Anne Ar	undel
b. CITY OR TOWN (If RURAL and give ne	arest town)	nits, write	c. LENGTH OF STAY IN 16	è. CITY OR TOWN (If o	polis	e limits, write R	URAL ond give ne	arest town)
d. NAME OF HOSPITA OR INSTITUTION Anne Arundel	AL (If not in hospital, General	give street o	ddress)	d. STREET ADDRESS	est St.			e. IS RESIDENCE ON A FARM? YES NO
				1	4. DATE			
3. NAME OF DECEASED (Type or print)	Cora	irst	Middle	JACKSON Lost	OF DEATH	Augus	t 3	
s. sex Female	6. COLOR OR RACE	7. MARRI	DIVORCED DIVORCED	March 15. 19	-1	AGE (In years lost birthdoy) 34 yrs.	Months Doys	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	or foreign count	try)	12. CITIZEN O	F WHAT COUNTRY?
Kitchen suj	ing life, even if retired pervisor	d) H	lospital	Alaba			U	.S.
13. FATHER'S NAME	John Edwa	ard		14. MOTHER'S MAIDEN N	e L. E	dward		
15. WAS DECEASED EVER	R IN U. S. ARMED FO If yes, give war or dates of		OCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
Conditions, if or gave rise to in couse (a), stating the lying cause lost.	the <u>under-</u>	(c) RIVINDITIONS CO		nation Solitical Properties of the Term	1	-44	1	19. WAS AUTOPSY PERFORMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	1	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II	af item 1B.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Yo	ear 20d. IN While at work	Not while fi	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or :.)	town)	(County) (Stote)
				Aug. 22, 19				hat (I) (ast e stated above.
220 SIGNATURE 220 PHYSICIAN'S	, la	Om		M.D. ATTENDING M. D. PHYS. D. 22d. ADDRESS	P.M. ED. IRECTOR	STAFF PHYS.		22b. DATE SIGNED 8/31/60
	R. L. Rich	ardsor	1	110 Clay S	C., AIII	a horrs,	ride	
23a. BURIAL, CREMATIO JEMOVAL (Precify) 24. BUNERAL DIRECTOR	9-5	60	23c. NAME OF CEMETERY ADDRESS	ick	23d. LOCATIO	City, towns R 25b. REGI	Bunty) STRAR'S SIGNATE	Ela,

31783 Marite L. His Mc The state of the state of the a market in it. Lucial Fried Prestricts

MARYLAND	STATE	DEP	ARTMENT	OF	HEAL	TH	ł
ONL OF CTATICTICAL	DECEADOLL	ANID	DECORDS F		-		-

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 8759 RTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE ichigan b. COUNTY MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Battle Creek Fort George G. Meade d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 513 Jackson United States Army Hospital YES NO T 3. NAME OF First Middle 4. DATE Year Month DECEASED 16 DEATH August 60 (Type or print) JOSEPH 0 JACKSON 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Manths Days Hours 20 May 1933 Male Negro DIVORCED | WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Soldier U.S. Army Chicago. Il. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Macklin Joseph Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown Yes 374-34-0902 Ft Geo G. Meade, Md. Personnel Records 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septisemia IMMEDIATE CAUSE (o) Infected stab wound of chest 5 days DUE TO Canditians, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Blood disorder Sickle Cell disease YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Stated he fell on piece of glass 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) 60 While factory, street, office bldg., etc.) 0. m Not while Unknown 19 of work at work Unknown Unknown 11:00PM 15,9Aug 60 that death occurred at 02:30 fAm the causes and on the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR -M.D. PHYS. 16 Aug 60 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type STANLEY SIEGELMAN, Capt., M.C. USA Hosp Ft Geo G. Meade. 23a. BURIAL GREMATION, 23b. DAJE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR AUG 1 9 '60

DATE

256 REGISTRAR'S SIGNATURE

VR A1S (4) 15M 9/59

1.678

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9760

CEPTIFICATE OF DEATH

08718

	010	,	CERTIFIC		L OI DEAI	• •		Reg. E	ist. No		
1. PLACE OF DEATH o. COUNTY Anne Amuno	le]		MARYLAND	2.	USUAL RESIDENCE (WO STATE Marvland	/here decease	b. COUNTY Anne	A .		re odmis	sion)
b. CITY OR TOWN (RURAL and give n	If outside carporate limi earest lown)	ts, write	c. LENGTH OF STAY IN 16	10	c. CITY OR TOWN (IF					orest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspitol, s	give street	17mo. 18 days	1	d. STREET ADDRESS	•				e. IS RES	SIDENCE A FARM?
_Crownsvil]	e State Ho	spi ta	1	13	208 Clay	Street				YES [] NO 🔀
3. NAME OF DECEASED (Type or print)	Fii Jo		Roger		Johnson	4. DATE OF DEATH	Mon 8	ith	D.	.O	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HR
Male	Negro	WIDOWE			2/1/1887		73 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION	1	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. C	ITIZEN C	OF WHAT	T COUNTI
Odd Jobs					Maryla	and			U.S.	A.	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
Garrison	Johnson				Cecelia!	Praver	8				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice	social security no. 17.		rmant ospital Re	cords	Add	ress			
18. CAUSE OF DEA	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (d		oe for (o), (b), ond (c).]						INT	ERVAL BE	TWEEN DEATH
Canditians, if a gove rise ta i cause (a), stating lying cause last. PART II. OTI	mmediate the under-	Art	eriosclerotic					'EN IN PA	RT 1(a)	PERFC	DRMED?
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR	-						YES [) NO [
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. 11 While of warl	Not while	octory,	OF INJURY (Home, far , street, office bldg., et	m, 20f. (Cit c.)	y or town)	-	(County)		(State
21. I certify the alive an	at I attended the 8/10		ed fram. 4/23	th oc	., 1947_, to	ADDRESS (S	m the causes a street, city or town,	ind an state)	the da	te state	
PHYSICIAN'S NAME (Type)	L. Bene	dict,	M. D.		Crownsvi	lle St	ate Hospi	tal,	Md.	8	/10/6
PREMOVAL (Specify)	8-16-	60	ADDRESS	OR CR	n	Bec	TION (City Town,	te		(Stat	e)
Sville	m Kles	e.11	and a and a contraction	50	A 11	"D BY REGIS		thur S.			

DATE AUG 1 5 '60

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 bours after death.

Page 4

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8761

CERTIFICATE OF DEATH

08719

	010		OEKIII IO	TIE OI DEATH	•		Reg. Dist.	N6.	V
1. PLACE OF DEATH o. COUNTY Anne Am	ındel		MARYLAND	2. USUAL RESIDENCE (W o. SIATE Maryland	here deceased	b. COUNTY	Residence		ssion)
b. CITY OR TOWN (If RURAL ond give ne	orest tawn)	1	length of stay in 1b ll years mo. 29 days	c. CITY OR TOWN (IF	outside corpo	rate limits, write RUI	RAL and give		
d. NAME OF HOSPITA OR INSTITUTION	ille State			d. STREET ADDRESS Route 1		162	1-2	ON	ESIDENCE A FARM? NO
NAME OF DECEASED (Type or print)	Fir	_	Middle Leo	Lost Jones	4. DATE OF DEATH	Month 8		Day 29,	Yeor 19 60
. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH December 18	1918	1 1 1 1 1 1 1		YEAR IF UN	DER 24 HRS
during most of working	N (Give kind of working life, even if retired	done 10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION		ountry)		S.A.	T COUNT
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
William	Jones			Mary Bro	own				
5. WAS DECEASED EVER Yes, no or unknown)	IN U. S. ARMED FOR If yes, give war or dates of	service)	iknown	Hospital Reco	ords	Addres	18		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Hen	noptysis				INTERVAL I	
Conditions, if ar gove rise to in couse (a), stating t lying couse last.	nmediate (>	Pul	monary Tuber	culosia				
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)			TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIVE	N IN PART 1	PERF	ORMED?
OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part	11 of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	ar 20d. INJUI While of work	TO THE fo	ACE OF INJURY (Home, fari clory, street, office bldg., et	m, 20f. (City c.)	or town)	(Cou	unty)	(Stote
21. I certify the olive on	at Nattended the	1960/ Sy//	A., and that death	occurred at 9:281	ADDRESS (SI	n the couses an reet, city ar town, st ce Hospita	nd an the	•	ted about the sign and the sign
NAME (Type) 20. BURIAL, CREMATION REMOVAL (Specify)		OF Z	E. NAME OF CEMETERY OF	Crownsvill OR CREMATORY		TION (City, town, or		nd.	8/30, ole)
3. FÜNERAL DIRECTOR'S	s SIGNATURE N Roese	TZ.	ADDRESS EN W.	aghing 240. REC	SEP 6		RAR'S SIGN	1 -	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the hamilal or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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devicted, Mr. BASO	deri allivenno			
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CEPTIFICATE OF DEATH

		0106	,	CEICIII	IOA	IL OI DEAI	• •		Reg. D	ist. No		
	1. PLACE OF DEATH o. COUNTY Anne Arun	ا م		MARYL	IND L	2. USUAL RESIDENCE (V o. STATE District of	74 10	b. COUNTY	on Reside			1
	b. CITY OR TOWN	(If outside corporate limitearest town)		c. LENGTH OF STAY IN 29 VTS.	1 16	c. CITY OR TOWN (I						
C		le TAL (If not in haspital, s ille State				d. STREET ADDRESS Unknown		14	X-	2		DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	fir Jos	st	Middle		Jones	4. DATE OF DEATH	Mor 8	lh	Do		Yeor 19 60
	5. SEX Me.le	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday) 65 yrs.	IF UNDE Months		Hours	R 24 HRS. Min.
	10o. USUAL OCCUPATI during most of wor Laborer	ON (Give kind af work rking life, even if retired	done 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Sie		ountry)	12. C		S.A.	COUNTRY
	13. FATHER'S NAME Unknown					14. MOTHER'S MAIDEN		4.				
1	15. WAS DECEASED EV	ER IN U. S. ARMED FOR		social security no. Unknown		ORMANT Ospital Rec		Add	ress			
	Conditions, if a gove rise to couse (o), storing lying couse lost.	DUE TO mmediate the under- any, which the under- (b)	Нур	cerebral He	teri	osclerotic				088	ERVAL BE	DEATH
	CATIC			CONTRIBUTING TO DEAT					EN IN PA	(RT 1(a) 1	PERFO	RMED?
	OR CONTRIBUTION (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour o. m. p. m.	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Doy, Ye	ar 20d.	INJURY OCCURRED IN JURY OCCUR	Oe. PLAC	E OF INJURY (Home, for	orm, 20f. (City		-	(County)		(State)
	alive an 8	hat I attended the 1/6 Lear Lear Lear Lear Lear Lear Lear Lear	d K		M.	poccurred at 1:25 Crownsvil Crownsvil	ADDRESS (S	n the causes of treet, city or town, te Hospit	and an stote)	the do	te state	decease ed abave ATE SIGNE 8/60
	REMOVAL (Specify	5-11-	60	12. NAME OF CEMET	ERY OR	CREMATORY 6411/V/17	22d. LOCA	TION (City, town,	or county)	/ .\	(Stote	7
	23. FUNERAL DIRECTOR	12.11	1/1=	ADDRESS	11		C'D BY REGIST		STRAR'S S	IGNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: # whis certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

Page 4

CERTIFICATE OF DEATH . . . OCCUPANT STREET CANDELL DESCRIPTION OF THE PARTY OF THE SECRETARY OF THE CASE OF THE SECRETARY AND THE SECRETARY OF THE SECRET product filling which side are soon programment of the T CATS to produce a moon 2 in the con-And the contract of the contra the its lead staff all removed Anthony of the party of the contract of

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8763	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

08721

1. PLACE OF DEATH o. COUNTY Anne A	rundel	-	MARYLAND	2. USUAL RESIDENCE (W	here deceased (b. COUNTY	on: Residence	before o	dmission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write c. LEt	NGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpora			ve nearest	town)
Crowns	4.0.0	6m	9 years	Baltimore		03	k -	3	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital,)	give street address)	d. STREET ADDRESS				0. 15	S RESIDENCE ON A FARM?
	ville State	Hospita	1	Route 14,	Box 6	32			ES NO DO
3. NAME OF DECEASED (Type or print)	Fig.	axwell	Major	Jones	4. DATE OF DEATH	Mon 8	th	Doy 28	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years			UNDER 24 HRS.
Male	Negro	WIDOWED [DIVORCED [888	72 yrs.	Months [Days Ho	ours Min.
10o. USUAL OCCUPAT during most of we Builde	orking life, even if refired	done 10b. KIND (OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou		12. CITIZ	U.S.	HAT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Unknow	n	4		Unknown					
	ER IN U. S. ARMED FOR		SECURITY NO. 17.	NFORMANT		Addi	ess		
No	(ii yes. give war or other or		nown	Hospital Rec	ords	7			
Conditions, if gove rise to cause (a), stating lying cause lost	the <u>under-</u> DUE TO	Arteri		Cardiovascula					AND DEATH
3	Market 1			NOT RELATED TO THE TERM			EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO []
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II	l of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	ar 20d. INJURY (White N of work at		ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City a	r town)	{Co	unty)	(State)
actual SIGNATURE	that I attended the 8/28 Myard H Hildegard H	12 60 k	and that death	accurred of 144 A	ADDRESS (Street	the causes a et, city or town. te Hospi	nd an the store)	date s	the deceased tated abave. DATE SIGNED 8/29/6
220. BURIAL, CREMATI	19-1-1	960 SI	MAME OF CEMETERY O	FET GEM	Cha	SE,	Mo	4	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AOMAA

	8/13) CER	IIFICA	IE OF DEATH			UC	1662	
	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryla		b. COUNTY	n: Residence b		sion)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	STAY IN 16	c. CITY OR TOWN (IF at		limits, write RU	IRAL and give	nearest town	1)
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital		d. STREET ADDRESS	St.				FARM?
	3. NAME OF DECEASED (Type or print) Sarah Cutter	iddle	JONES	4. DATE OF DEATH	August	h		Yeor 19 60
	Lemate	ORCED	April 15, 189	4	lost birthdoy) 66 yrs.	Months Do		Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WHO ADMIC	ess or indus	Maryla	nd	try)		J.S.	OUNTRY
	13. FATHER'S NAME Virgil Catterton		14. MOTHER'S MAIDEN N	ME				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give war or dates of service)	Y NO. 17. IN	Is Stewar	+ Les	teh	(2)	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), once PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under: lying cause lost. [b] DUE TO (c)	BRAL	THROM	B85K	5	Ċ	TERVAL BE	DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ARTICLO SCARDITC 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HE	NOT RELATED TO THE TERMIN . (Enter noture of injury in P	151=1	7SE	EN IN PART 1(c	PERFC	AUTOPSY PRMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of twork to the otwork of two		CE OF INJURY (Home, farm, tory, street, office bldg., etc.		town)	(Caur	nty)	(Stote
1	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an Aug. 3, 19 60, 22a. SIGNAURE 22c. PHYSICIAN'S NAME (Type) Edward S. Beck	and that de	A.D. ATTENDING ME PHYS. ME DIR	M, from the		d an the d	ate stated	
	23g BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF STREET STREET STREET 23c. NAME OF 23c. NAM	CEMETERY OR	Cometery	23d. LOCATIO	N (City, town, o	r county)	Go 9	te)
11	24. FUNERAL DIRECTOR'S SIGNATURE LOS SONS ADDRESS.	nap	elegal 250. REC'E DATE AU	100	R 25b. REGIS	TRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

may be revained by the house or attending physicion.

Description of completely filled in by the funeral of some signed by the ottending powericion and completely filled in by the funeral of some page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any completely within 72 hours after death. may be retained by the ho

VR A1S (4) 1SM 9/59

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VS A1S (4) 1SM 10/57

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8764	CERTIFICATE	OF	DEATH	R

18723 Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY ANDR A	rundel		MARYL	- 1	2. USUAL RESIL	DENCE (WIL	ere deceased	lived. If instituti b. COUNTY	on: Residen	Arur	odmissi ndc1	on)
b. CITY OR TOWN RURAL and give		ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR		outside corpor	ote limits, write R	URAL ond	give neare	est town]	
d. NAME OF HOSP OR INSTITUTION	oni PITAL (If not in hospital, g National Research				d. STREET A	DDRESS	eland	Rd.				DENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle	J	DYNES		4. DATE OF DEATH	Mor	th	Doy 18,	Y	ear 9 60
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED		DATE OF BIRT		_	9. AGE (In years lost birthday) 77 yrs.	IF UNDER Months			
100. USUAL OCCUPAT	ION (Give kind of work or grking life, even if retired	done 10b.		INDUSTR	Y 11. BIRTHPL	ACE (Stote	er .	untry)		S.A.		COUNTRY
13. FATHER'S NAME	onard Joyn	nes			14. MOTHER'S		AME (BIKE	nown)				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 2 D3 3912		ORMANT	a B.	Joynes	Add	ess ame	As #	2	
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ICATI	THER SIGNIFICANT CON								EN IN PAR		PERFOR	NO DE
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in I	Part I or Part	II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	10	20d. IN While of work	_ Not while _	0e. PLAC factor	E OF INJURY (I	Home, form bldg., etc.	, 20f. (City	or town)	(4	County)		(State)
21. I certify alive an Survey alive an Survey actual signature Physician's NAME (Type)	that I attended the 18/00 Max. X		all h	leath o	occurred of	5:157		the causes of ceet, city or town,	ind an t			
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREO	. 160	22c. NAME OF CEMET			,		ON (City, town,		ylan	(Stote)
23. FUNERAL DIRECTO			ADDRESS	າຳຄ	Md	130	2 2 '60		STRAR'S SIG			11/12

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08724

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1. PLACE OF DEATH 0. COUNTY	Anne Arun	del	MARYL	O STATE	DENCE (Where o	deceased liv	ed. If institution b. COUNTY	on: Residence	before ad	mission)
			MAKTE	AND	Maryland			Anne	Arund	el
b. CITY OR TOWN RURAL ond give	I (If outside corporate lin	nits, write	c. LENGTH OF STAY I	N 1b C. CITY OR	TOWN (If outside	e corporote	limits, write R	URAL and giv	ve nearest	town)
	apolis			X	RURAL -	Edger	rater			
	PITAL (If not in hospital, N (Dead on a	give street a	ddress)	d. STREET		TWEAT	444			RESIDENCE
OR INSTITUTION	N (Dead on a	rrival		D	t-3. Bo	x-169	1			N A FARM?
	del General	Hosp1		n n			2		16.	, 140 F
NAME OF DECEASED	F	irst	Middle	lo		DATE OF	Mon	ith	Day	Yeor
(Type or print)	Thoma	8	h.	KINNE		DEATH	Augus	t	21	1960
. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRT	Н	9.	AGE (In years			NDER 24 HF
Male	White	WIDOWED	DIVORCED	□ July 19	. 1900		ost birthdoy) 60 yrs.	Months E	Doys Ho	urs Min
	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		-	reign count	ry)	12. CITIZI	EN OF WH	AT COUNTR
during most of w	orking life, even if retire	d)						1	II C	
Pressman		Ne	wspaper		t Virgin				U.S.	
3. FATHER'S NAME	/	V:		14. MOHER'S	MAIDEN NAME	(20	1.11	./		
/ hon	nas h.	KINI	ney	Qe.	mue	VT	rele	UP!		
S. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INFORMANT	1 11		Add	refs	0	MET NO
Yes, no, nknown)	(If yes, give war or dates of	service)		Fld D	Alo KI	nne	/	77	2	
1/0				1-002 00	2/6 /11	1111			Taxamena.	
	DEATH [Enter only one of		e for (o), (b), and (c).			_ /				ND DEATH
PART I. D	EATH WAS CAUSED BY:									4
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4-16	IMMEDIATE CAUSE ((0)	OKON	IAR-	THE	omi	305/	5	11	OUR
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be remained by the hours often dinapplysician.

TO FUNERAL DIRECTOR: After the second physician of the property of the following physician on a completely filled in by the funeral of page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08725

1.	PLACE OF DEATH o. COUNTY	Anne Aruno	iel	M	ARYLAND	2. USUAL RES		here deceased	lived. If institut b. COUNTY		nce befor		
	b. CITY OR TOWN (IF	outside corporate limi		c. LENGTH OF ST	TAY IN 16	c. CITY OF	TOWN (If	outside corpor	ote limits, write f	RURAL ond	give neo	rest town	1)
	Annapo			2 days	3	X	RURA	L - Pa	sadena				
	d. NAME OF HOSPITA	L (If not in hospital, g	give street	oddress)		d. STREET	ADDRESS	100	- 257		1	. IS RES	IDENCE
L	Anne Arunde	el General	Hosp	ital		2nd S	t. Lo	ong Poi	nt				FARM?
3.	NAME OF DECEASED (Type or print)	Isabel	rst	Mic	ddle		RBY	4. DATE OF DEATH	Augus		3.		Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED M NEVER MA	RRIED B	. DATE OF BIR	TH		9. AGE (In years			-	ER 24 HRS
	Female	White	WIDOWE	DIVO	RCED 📋	May 26	, 1909	9	lost birthdoy) 51 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDUST	RY 11. BIRTH	PLACE (Stote	or foreign co	untry)	12.Cf	TIZEN OF	WHATC	OUNTRY
		ng life, even if retired	_	en't. Si	tore	M	arylar	nd			U.S.		
13.	FATHER'S NAME			0. 0.	d Cul do Cu	14. MOTHER	'S MAIDEN	NAME					
	Harry S	. Warthen				Δ	ппэ М	. Shee	lor				
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. IN	ORMANT	11112 11	• 61166		Iress	17		
(Y.	es, no, or unknown) (I	f yes, give war or dates of s	// 27	4 24 697	79 M	r. Jam	PS F	Kirby	Sam	e as	#2		
F	T	TH Enter only one co						112207	23(1)	<u> </u>		RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	12H	show the	tio 1	18 Mara	4. 4				ONS	ET AND	DEATH
	160	IMMEDIATE CAUSE (o		out room	710	7,000					3	(
	Conditions, if on		A.a.	24	. 00·L						10	. 140	.100
	gove rise to im	mediate	1010	ous m	reci ru	Л				-	10	(VI	-
	lying couse lost.	he under-	,									V	
z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATED 1	TO THE TERM	AINAI DISFASE	CONDITION GI	VEN IN PA	RT 1(a) 15	WAS A	AUTOPSY
CERTIFICATION	S 100										(0)	PERFO	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJUR	Y OCCURRED	. (Enter noture	of injury in	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN While of work	NJURY OCCURRED Not while of work		CE OF INJURY ory, street, offi			or town)	E 12	(County)		(Stote)
	21. I certify that	(I) (this shoots and	1) attend	led the deceas	ed fram	Jely	19	58 ta	averent	19.6	00. the	at (I) (i	X25 last
		ed alive an au			(ath accurr			the couses a			.,,	
	220. SIGNATURE	2111					3:20				0 0010		b. DATE
	Chlerk	- Isteline	en	- 12	N	ATTENDI		AED.	STAFF PHYS.		0	2/1/1	SIGNED
	22c. PHYSICIAN'S	1			1121	22d. ADD						11/	
	NAME (Type)	John L. H	edema	n		121	Cathre	dral St	., Anna	polis	, Md	•	
23	BURIAL, CREMATION	, 23b. DATE THEREC)F	23c. NAME OF C	EMETERY OR	CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stote	e)
	REMOVAL (Specify) Burial	3 m. Sep	t.196	Glen	Haven	Cem.		Glen	Burnie	. M	aryl	and	
			7										
24	FUNERAL DIRECTOR'S	SIGNATURE	11	ADDRESS			2So. REC	SEP 6	RAR 2Sb. REG	STRAR'S S	IGNATUR	E	

49. Anathras - district Anies and Maries and Anies and Anies County Louis at the district the second . . to contain an analysis of the second The Principle of the Control of the

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8765

08726

0 0 0 0						
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WH	b. Co	institution: Residence DUNTY	before admiss	ion)
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits,	write RURAL and give	ve nearest town	()
Glen Burnie	10 years	ame				
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	eet address)	d. STREET ADDRESS				FARM?
400 Ritchie Highway		Same				
3. NAME OF DECEASED (Type or print) Emilie Elsa Bre	Middle ckel Krutzfeldt	Lost	4. DATE OF DEATH AUG	Month ust 16th	/	Year 19 60
		B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1	YEAR IF UNDE	
H Taj WIDO	OWED DIVORCED	1/24/06	lost birt	yrs. Months E	Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT	OUNTRY
during mast af working life, even if retired) Housewife	Own Home	Germany		US	SA	
13. FATHER'S NAME	EVIDER STEWARD	14. MOTHER'S MAIDEN N	NAME			
William Breckel		Catherine	Mueller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	11002202	Address		-
(Yes, no, or unknown) [If yes, give war or dates of service)	Mono Mm	. Ernest Krut	rfold+ (b	usband)		
No		. Ernest Aruc	STATES (III	rangin)	I INTERVAL BE	TAVEENI
1B. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY:		0.1			ONSET AND	
IMMEDIATE CAUSE (o)	Carcinoma of le	ft ovary			4	
DUE TO						
Conditions, if any, which) (b)						33111
gove rise to immediate DUE TO						
lying cause lost.						
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ns <u>contributing to death</u> but	NOT RELATED TO THE TERMI	INAL DISEASE CONDITI	ON GIVEN IN PART	1(o) 19. WAS PERFO	RMED?
	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I ar Port II af item	18.)		128 1
Hour a.m.	od, tNJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	20f. (City or town)	(Co	ounty)	(State)
p. m. 19 of	work at work		1			
21. I certify that (I) (this haspital) att	ended the deceased from	8/7/60 19	, ta 8/16/	60, 19	_, that (I) (we) last
saw the deceased alive an 15/60	19, and that c	leath accurred at 1.3	MP from the caus	ses and an the	date stated	abave.
27. SIGNATURE						b. DATE
Veristave Otante	rell	M.D. PHYS. M	ED. STAFF	0 8	/16/60	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS				4
NAME (Type) Gustave H. Fau	bert M D	Glen Br	rnie Md.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City,	town, or county)	(Stot	re)
Burra(Pecify) Aug. 19,19			Glen Bur		,	-/
24, FUNERAL DIRECTOR'S SIGNATURE	D ADDRESS			b. REGISTRAR'S SIGI		
Hopping and Kirkley	Glen Burnie	, Md. DATE		Cathur d		
I TO NOTATE WILL THE TOTAL		I DATE	MILITY OF OUT			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 its certificate has been signed by the attending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Baard of Health priar to burial, cremation, or remaval, and in any event within 72 hours after death. ar attending physician. may be retained by the ho VR A1S (4) 1SM 9/S9

08727

Reg.	Dist.	No.

	8766	CEKTIFIC	AIE OF DEATE		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY A	nne Arundel	Go MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	b. COUNT		dmission)
B. CITY OR TOWN (I RURAL ond give ne Fairhave		c. LENGTH OF STAY IN 16	IV-	ni Manon. Md		town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stre	et address)	d. STREET ADDRESS Fairhaven	3	e. 15	RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Francis .	Middle Joseph	Little	4. DATE Mo OF DEATH August	Day	Year 19 60
5. SEX Male	White	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 10,18	9. AGE (In years) lost birthday) 64 yrs	Months Doys He	OURS Min.
10o. USUAL OCCUPATION during most of work Executi	ing life, even if retired)	b. KIND OF BUSINESS OR IND		or foreign country)	12. CITIZEN OF W	HAT COUNTRY?
	rry Little		14. MOTHER'S MAIDEN N Katherin	iame ne Sullivan	. 65	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT lizabeth Owi		_{dress} Fairhaven	Manor
	mmediate (line for (o), (b), and (c).] [NCUN UMC	(Janen	las	INTERVA	AL BETWEEN AND DEATH
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		S CONTRIBUTING TO DEATH BU			P	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJUR Hour o. ft. p. m.	Whi		PLACE OF INJURY (Home, farm octory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
ACTUAL SIGNATURE	ot I attended the decention 19	and that deal	M.D. Medica		, stote)	
200. BURIAL, CRÉMATIO REMOVAL (Specify) BUPTAL	N, 22b. DATE THEREOF 8/16/60	Our Lady of		22d. LOCATION (City, town,		(Stote)
23. FUNERAL DIRECTOR		ADDRESS Upper	24a, REC'I	D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: A think certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached. It use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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	To ALC: NO THE REAL PROPERTY.	
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		gram (many spanners)
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	A STATE OF THE PARTY OF THE PAR	AN ALL HOLDS ALSO AN ADDRESS TO A REST OF THE A
	STATE OF THE STATE	
	4 7	
	REMOVED THE HEAVEN	
•		Commence of the Commence of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the hole of an attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and campletely filled in by the funeral dipage 3 shauld be detached far use as the burial-transit permit. Then please remave-carbon papers. Pages 1 and 2 should be fill the registrar priar to burial, crematian, ar remaval, and in any event within 72 hays after death.

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8767 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY Anne											
	I o become		MARYL		USUAL RESIDENCE (WHO STATE Marylan		lived. If institution b. COUNTY Anne			e admiss	ion)
	If outside corporate limit	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF o					rest town)
Millers	ville				(Annapoli	S					
OR INSTITUTION	TAL (If not in haspital, gi				d. STREET ADDRESS	0					PARM?
	ood Nursing				31 Bloomst		•			11.3	140 [7
3. NAME OF DECEASED (Type or print)	CARRIE		Middle DWMAN		Last	4. DATE OF DEATH	AUGUST	th Tox	10		rear 1960
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	B. D.	ATE OF BIRTH	9	AGE (In years	IF UNDER	1 YEAR	IF UND	R 24 HRS
Female	White	WIDOW	ED DIVORCED	Ju	ne 8, 1883		lostripinyhdoy) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of war HOUSE	ON (Give kind of work d king life, even if retired) WIIB	lone 10b.	own home		11. BIRTHPLACE (Stote Odenton,				US A	WHAT	OUNTRY
13. FATHER'S NAME	hua Meek		1.27	14	Martha		ıw)				
S WAS DECEASED EV	R IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	INFO	MANT		Add				
	(If yes, give war or dates of se	,	is ban's 14 05 0201		k Thomas Lo	owman S			same	as	# 2
gove rise to i couse (o), stating lying couse lost.	the under-										
	,) (c)	_	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED?_
PART II. OT	HER SIGNIFICANT CONE	DITIONS	CONTRIBUTING TO DEA					'EN IN PAR	T 1(a) 19	PERFO	RMED?
PART II. OT	HER SIGNIFICANT CONE AS UNDERLYING CAUSE OF BEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (Er		Port 1 or Port	II of item 18.)		(T 1(a) 19	PERFO	RMED?
PART II. OT	AS UNDERLYING CAUSE OF DEATH ABOUT AND A MEDICAL EXAMINER RY Month, Doy, Yeo	20b. DES	NJURY OCCURRED Not while k ot work ed fram	CCURRED. (En	of injury in last of injury in last of injury in last of injury (Home, farm street, office bldg., etc., 1958, ta., 1958, ta., 1958, ta., 2018	Port 1 or Port 20f. (City of Mann to the Control of Co	II of item 18.) or town) //// 1960,	that I la	County)	PERFO YES	(Stote
PART II. OT. PART II. OT. 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour o. m. p. m. 21, I certify the alive an	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS UNDERLYING AS A CAUSE OF DEATH AND MEDICAL EXAMINER) RY Month, Doy, Year 19	20b. DES 20b. DES ar 20d. III While at wor	NJURY OCCURRED Not while of work ed fram Grug o and that	CCURRED. (En	of injury in last of injury in last of injury in last of injury (Home, farm street, office bldg., etc., 1958, ta., 1958, ta., 1958, ta., 2018	20f. (City of ADDRESS (Street	or town) / // // // // // // // // // // // //	(that I la d an the state)	County) ust saw a date	the d	(Slote
PART II. OT. PART III. OT. PART II. OT. PART III. OT. PART III. OT. PART III. OT. PART III. OT	AS UNDERLYING CONE AS UNDERLYING CONE CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea 19 That I attended the RY Month, Cone Cone Cone Cone Cone Cone Cone Cone	20b. DES 20b. DES or 20d. III While at wor decease, 19	NJURY OCCURRED Not while of work ed fram Grug o and that	20e. PLACE (factory, death account of the factory).	DF INJURY (Home, farm street, office bldg., etc. 19.58, ta_curred at 4.201 Catherdal	M, fram t	or town) / // // // // // // // // // // // //	that I lod an the state)	County) ust saw e date	the d	(Stote

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VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8768

CERTIFICATE OF DEATH

	Reg. Dis	t. No.
1. PLACE OF DEATH 0. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Baltimore	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville Townsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Baltimore 3V0	ive nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Crownsville State Hospital	d STREET ADDRESS 722 Charles Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECRASED (Type or print) Alice	McDonald 4. DATE Month OF DEATH 8	28 Yeor 60
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)		ZEN OF WHAT COUNTRY
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Diana Daugherty	
	NFORMANT Address Hospital Records	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost. (b) DUE TO (c)	onia	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Schizophrenic Reaction, Para 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Hame, form, clary, street, office bldg., etc.)	ounty) (State)
ACTUAL OF TO ACTUAL PARTY	occurred a4:45A • M, from the couses and on the ADDRESS (Street, city or town, state) Crownsville State Hespital,	DATE SIGNED
PHYSICIAN'S L. Benedict, M. D.	Crownsville State Hospital,	Md. 8/29/60
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF POUNT	R CREMATORY 22d. LOCATION (City, town, or county) AUBURN BALTIMORE,	Md,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ISAIAH, L. BROWN SON 108 W. MON	37, 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIG	

The substitute 150 (1) a mile del production de la company de la co Value A com Sky o Hi I . nollenge winyrana mai and a bittory atob will no hear Three statement on the Africa from a more than term of Co. 17. Gomeral a store lostitut, E. 8/29/51 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH OPHISSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08730

79											
	1. PLACE OF DEATH o. COUNTY	ne Arundel		MARYLAND	g. STATE _	ence (Whe		lived. If institution b. COUNTY	Anne		_
	b. CITY OR TOWN (RURAL and give no Annape		ts, write c.	LENGTH OF STAY IN 15	c CITY OR T	Annap		ote limits, write RU	JRAL and give	nearest tov	rn)
3	OR INSTITUTION	AL (If not in hospital, g			d. STREET A		ray Av	re		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Fir William		Middle	MEREDI'		4. DATE OF DEATH	August		Day 2	Year 1960
	S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH		9	P. AGE (In years lost birthday)	IF UNDER 1 Y		DER 24 HRS.
	Male	White	WIDOWED [February	73, 1	887	73 yrs.	Midiffus Do	75 110015	14/161
	during me of wor	ON (Give kind of work a king life, even if retired were dealer	done 10b. KIN	id of Business or INC		ACE (Stote o	or foreign cou	intry)		.S.	COUNTRY?
	13. FATHER'S NAME	cin L.		editto CIAL SECURITY NO. 17	14. MOTHER'S Virg INFORMANT Mis Iri	0	ame a Co	nder: Mered	ith	(2)	
	PART I. DEA 153 Canditions, if a gove rise to i couse (a), stoling lying couse last.	mmediate the under-) Ca	metas.	JE NOT RELATED TO) THE TERMIN	AL UISEASE	condition GIV	lad	PERF	-0 -
	ZOD. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUE Haur a.m. P. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yes		Not while	RED. (Enter nature o PLACE OF INJURY (factory, street, affice	Home, farm,	20f. (City	Miller	(Cou		(State)
	21. I certify the saw the decea 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Richard N.	Peele		M.D. ATTENDING PHYS. 22d. ADDRE	12:58 GXX MER ESS athedr	M, fram to P.M. P.M. ECTOR al St.	he causes an STAFF PHYS. Annape	d an the d	ate state 8/	d abave. 2b.DATE SIGNED 3/60
	24. FUNERAL DIRECTOR	aug-7-1	960 S	Salam Concentrary Address Address	hund Ce	25a. REC'D	GLC BY REGISTR	0.0	EASTRAR'S SIGNA	TURE 1	pte)

may be retained by the hold of a attending physician.

D FUNERAL DIRECTOR: Afficial certificate has been signed by the attending physician and campletely filled in by the funeral dispage 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: Af-VR A15 (4) 1SM 9/S9

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	and the second		Aut - Dam W. Madrill 18
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08731

	8719	CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryle		stitution: Residence before admission) UNTY Anne Arundel
b. CITY OR TOWN RURAL ond give		c. LENGTH OF STAY IN 16	V	outside corporote limits, w - Pasadena	rrite RURAL and give nearest town)
OR INSTITUTION	PITAL (If not in hospital, give street let General Hosp		d. STREET ADDRESS		e. IS RESIDENCI ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First John	Middle WESLE	lost MITCHELL	4. DATE OF DEATH AUG	Month Day Yeor
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	
Male	White WIDO	WED DIVORCED 🔀	October 31.	1903 lost birth	doy) Months Days Hours Min
100. USUAL OCCUPAT during most of wo	TION (Give kind of work done 10 orking life, even if retired)	B. H. R. R. C	STRY 11. BIRTHPLACE (Store		12. CITIZEN OF WHAT COUNT
18. FATHER'S NAME			14. MOTHER'S MAIDEN	IAME	
JOHN	Mitel	HELL	AGI	PALME	R
15. WAS DECEASED EV	VER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)		RS EDNA E.	MULLIKIN	Address 9100 48 m Bl College PK. And
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ulmona	y em	belian	ONSET AND EA
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate guille under	ritral str	wor Th	Smull	ru'ny 505
PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN ART 1(0) 19. WAS AUTO PERFORMED YES NO
20a. ACCIDENT V	NAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port 11 of item 1	B.)
20c. TIME OF INJU Hour o. m p. m	. Whi	. INJURY OCCURRED 20e. PL fo	ACE OF INJURY (Home, form ctory, arrect, office bldg., etc	20f. (City or town)	(County) (Si
The second secon	not (I) (this hospital) atte	nded the deceased from.		A	3 d -, 19 CG, that (I) (we) es and on the dote stated obs
220. SIGNATURE	mlmflu;	hly	M.D. PHYS.	ED. STAFF PHYS.	930.0°
22c. PAYSICIAN'S NAME (Type)		hiblay	22d. ADDRESS	aprile	i, my
23a. BURIAL, CREMAT		23c NAME OF COMETERY C	R CREMATORY	23d LOTATION (City, 1	
Bureal	9-2-196d	Fort Lincal	00	Bladen	is (secret, Mill

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter death. Page may be remained by the holy of ottending physicion.

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CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearth town) YOWNS d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION HICENSIN YOUNSIE 2 NAME OF Middle 4. DATE Month filled ges 1 DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In-years Hyloy) Months DIVORCED [WIDOWED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during post of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ottending please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO p Conditions, if ony, which any been signed gove rise to immediate DUE TO couse (o), stoting the underpup lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY remayal, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) So 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21, I certify that attended the deceased from that I last saw the deceased burial, ghd that death accurred at 8:05 M, from the causes and on the date stated above. alive an FUNERAL DIRECTOR: ADDRESS (Street, city or ACTUAL SIGNATURE Pri. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY agod REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) Ovilar & Kiruk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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d. NAMI OR IN	E OF HOSPITA	ol (If not in hospitat, g			1	d. STREET ADDRESS				e. IS RESIDEN ON A FAR YES NO	RM?
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3. FATHER		pmun	/	d	1.	MOTHER'S MAIDER	N NAME		7		
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saw t) attend 17 16	led the deceased f		h accurred at 6 ATTENDING PHYS.				ate stated ab	oave.
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	AL, CREMATION VAL (Specify)	Ung 18	-1968	Balduri	TERY OR CR	ematory	23d. LOCAT	Con (City, town,	lle	(Stote)	2
24 PUNERA	al director's	signatures les	Sus	Comes	polis	md 25a. R	AUG 1 8 1	0.0	STRAR'S SIGNA	11	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hours of the control of an attending physician.

TO FUNERAL DIRECTOR: At an is certificate has been signed by the attending physician and campletely filled in by the funeral of the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 734

1. PLACE OF DEATH o. COUNTY	2-7		MARYLA	11	2. USUAL RESIDE		re deceased	lived. If institution b. COUNTY	One Residence	before adr	mission)
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Crownsvil	.le		3 mo. 15 da	ya				0	4	15	DECIDENCE
d. NAME OF HOSPIT	'AL (If not in hospital, g	give street o	oddress)		d. STREET ADI	DRESS				10	RESIDENCE
Crownsvil	le State B	ospit	al		Harden of	702	R.F.I).		YES	□ но 🖸
3. NAME OF DECEASED (Type or print)	Talbot	rst	Middle		Morris		4. DATE OF DEATH	Mon 8	th	Day 11	Yeor 1960
S. SEX		7 44000	ED NEVER MARRIED	D R	DATE OF BIRTH	191	1.	P. AGE (In years	IF UNDER T	YEAR IF U	NDER 24 HRS.
Male	Negro	WIDOWE			March 17		N N	lost birthdoy)		Doys Hou	The State of State State of State St
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b. 1	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	CE (Stote o	or foreign cou	untry)	12. CITI	ZEN OF WI	AT COUNTRY
during most of work	king life, even if retired and Factory)				_			Co.)	U.S.A.	
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	s Morris	crea la	COSIAL CECURITY NO	117 1011	FORMANT	Jane	1	Add	rest		
(Yes, no. or unknown)	(If yes, give war or dates of	service)	SOCIAL SECURITY NO.					700	1633		
No		U	nknown	Ho	ospital 1	Recor	as				
18. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	e for (o), (b), and (c).]		. 1 "	\				INTERVAL	ND DEATH
PART I. DEA	TH WAS CAUSED BY:	,	Dul mar	VAV	INKO	dem	10				
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Hour o.m.	19	While	Not while of work	foct	ory, street, office I	bldg., etc.)				
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21. I certify th	nat I attended the		ed fram 4/26		1954						he deceased
alive on	18/11 De	1, 196	O M, and that a	death	occurred at	OU A	M, fram	the causes	and an th	ie date st	
1	111111	7	11/0/1					reet, city or town,			DATE SIGNED
SIGNATURE	DHUMINO	Utry	11/9/201	N	LD. Cro	msvi	lle St	tate Hos	pital,	Md.	8/12/60
PHYSICIAN'S NAME (Type)	Lionel M	oHenry	Mapp, M.	D.	Cro	wnsvi	lle St	tate Hos	pital,	Md.	8/12/60
220. BURIAL, CREMATIC		OF	22c. NAME OF CEMET	ERY OR	CREMATORY			ION (City, Jown,	or county)	(Stote)
REMOVAL (Specify)		,0	Vienna C	eme	tery		Vien		rland		
23. FUNERAL DIRECTOR	'S SIGNATURE	7	ADDRESS		,	24a. REC'E	BY REGISTI		STRAR'S SIG		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 10

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1 4	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 10a, telephone call, Wm.J. Tickner & Sons 8/29/	08735
25	CERTIFICATE OF DEATH Reg. Dist.	No.
	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)
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RAL DIRE	PHYSICIAN'S NAME (Type)	D/2-1-fcc
may be FUNER Poage 3 s	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) CHEMATION 8/30/60 Green Mount Crem Balton Md.	(Stote)
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d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION ANNE ARUNDEL	et oddress)	d. STREET ADDRESS 8 CHESTON	AVE.		S RESIDENCE ON A FARM? ES NO N
NAME OF First DECEASED (Type or print) ANDREW	Middle J MUSTI	Lost	4. DATE Month OF DEATH AUGUST	Day	Yeor 19 60
SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH Dec. 24. 1900	9. AGE (In years	FUNDER I YEAR IF	
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FATHER'S NAME Andrew H. Muster		14. MOTHER'S MAIDEN NA	AME) ODA	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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DECEASED (Type or print) W/// AMU TOSCEA COLOR OR BACE 7. MARRIED TOSCEA S. SEX 6. COLOR OR BACE 7. MARRIED TOSCEA WIDOWED 10. D. D. D. C. 1899 1805 1807 1	d.	NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION GAYFIELD'S FARM	401-01 P			ON A FARM?
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Ter. no. or withown (If yes, give wor or date of service) Son	13. FA	ATHER'S NAME James James James James James James James	Means	Balfimo 14. MOTHER'S MAIDEN NAM Alary	Teresa	12. CITIZEN OF WHAT COUNTRY
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PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-	Sorondry	Arkeriacle	rosm	ONS AND DEATH
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bidg., etc.) 20f. (City or lawn) (County) (Stote of the county) (Stote of the county) 20f. (City or lawn) (County) (Stote of the county) 20f. (City or lawn) (County) (Stote of the county) 20f. (City or lawn) (County) (Stote of the county) 20f. (City or lawn) (County) (Stote of the county) (County) (County) (County) (Stote of the county) (County)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o. m. p. m. 19 While at work at work factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram. 21. I certify that (I) (this hospital) attended the deceased fram. 22. SIGNATURE 22. SIGNATURE 22. PHYSICIAN'S NAME (Type) Richard C. Reba 23. NAME OF CEMETERY OR CREMATORY 23. NAME OF CEMETERY OR CREMATORY 23. SIGNATOR STAFF PHYS. 22. PHYSICIAN'S NAME (Type) Richard C. Reba 23. NAME OF CEMETERY OR CREMATORY 23. SIGNATOR STAFF PHYS. 23. SIGNATOR STA	CERTIF	0g. ACCIDENT WAS UNDERLYING 20b. DESC DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Part II of item 18.)	
saw the deceased alive an		Hour o.m. While	Not while fac	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State
Cicherd a Cla M.D. ATTENDING MED. DIRECTOR STAFF PHYS. STAFF DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DI	5	aw the deceased aline an Aug		0124		
R1 Chard C. Reba 7/14 7 CCC 5/1014 County 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)		Pac. PHYSICIAN'S	a Mela	-	TOR STAFF	SIGNED
REMOVAL (Specify) (35. NAME OF CEMETERY OR CREMATORY 23C.	22- (Richard C. F			0/	The .
Burial Aug. 30, 1960 Cathedral Justiner Manuel Address Addres	E	REMOVAL (Specify) Burial Aug. 30, 1960	Cathedra	1	Baltimore	Md_

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may be retained by the has TO FUNERAL DIRECTOR: Af VR A15 (4) 1SM 9/S9

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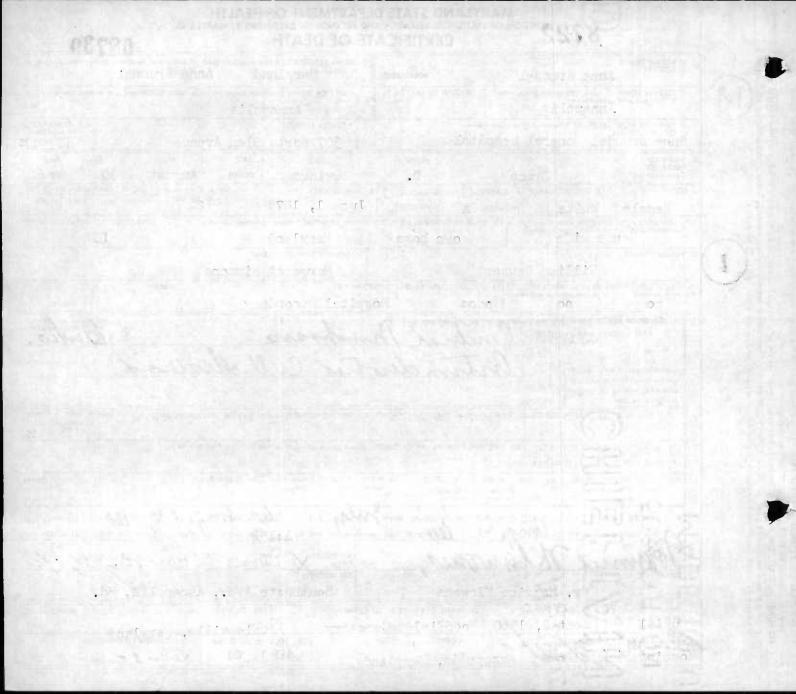
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the host of a cartificate has been signed page 3 should be detached for use as the burial-transit permithe State Board of Health prior to burial, cremation, ar remaya TO FUNERAL DIRECTOR: AF

VR A15 (4) 1SM 9/59

+ ·	by the attending physician and campletely filled in by the funeral defeat. 1. Then please remave carban papers. Pages 1 and 2 shauld be filed with
Ti.	al, and in any event, within 22 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
8722 VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

										A.L.		
1. PLACE OF DEATH a. COUNTY	nne Arunde	1	MARY	CLAND	2. USUAL RESIDEN	ryla	ere deceased nd	Ahrseun			are odmis	sian)
b. CITY OR TOWN (III	outside corporate limi arest tawn) nnapolis	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV		utside carpo polis	rate limits, write	RURAL on	d give ne	arest law	n)
OR INSTITUTION	el General				d. STREET ADD		Glen	Avenue			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Gra		Middle D.		lost Owing:	S	4. DATE OF DEATH	Augu	onth st	30	,	Year 19 60
s. sex Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI		June 1,	1878		9. AGE (In year last birthday)	Months	_		ER 24 HRS Min.
10a. USUAL OCCUPATIO		dane 10b.	own hom		TRY 11. BIRTHPLACE Mary			ountry)	12. C	ITIZEN O		COUNTRY
13. FATHER'S NAME	William D	awso	n		14. MOTHER'S MA		Simme	ons			-6	
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	social security no	1	FORMANT spital Re	cord	S	Ac	dress			3.74
Canditions, if ar gave rise to it cause (a), stating lying cause last.	mmediate (u	Am c	len	The	C.	V. of	Male	n			
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	HETERMI	NAL DISEAS	E CONDITION G	IVEN IN P	ART 1(a)	PERFO	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of in	njury in F	Part I ar Par	t II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day. Ye	While	NJURY OCCURRED Nat while	20e. PLA fac	CE OF INJURY (Har tary, street, affice bl	me, farm ldg., etc.	, 20f. (City	ar tawn)		(Caunty)		(State
	t (I) (this hospital ed alive on William on	Chr	Tous,	that d	ATTENDING PHYS. 22d. ADDRESS	ME ME	ED. RECTOR	1 -4	ind an t	he date	30	(we) las d abave Db. DATE SIGNED
230. BURIAL, CREMATIO REMOVAL (Specify)	Sept 2,		Woodfield					TION (City, town			(Sta	te)
24 FEWERAL DIRECTOR'	17417	Ann	ADDRESS	ear law		Sa. REC'I	D BY REGIST	RAR 256. REG	SISTRAR'S	SIGNATU		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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may be retained by the hold of a attending physician.

2 FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and campletely filled in by the funeral district, page 3 shauld be detached far use as the burial-transit permit. Then please feature carban papers. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, crematian, ar remaval, and in any expertmentally have after death.

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VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

1. PLACE OF DEATH	· = 110. 201	MARYLAN	a STATE		If institution Residue.	dence before admission)
b. CITY OR TOWN	N (If outside corporate limits, write e degrest town) HALL MS	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate lim	nits, write RURAL or	nd give nearest town)
d. NAME OF HO OR INSTITUTION	110 11111100	Lis Bluo.	STREET DDRESS	Apolis ?	BLUD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Sabra	Middle C •	Lost Pate	4. DATE OF DEATH	Manth 8	B 19 60
5. SEX	11/	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7-17-18	78 9. AG	E (In years IF UNI birthday) Month	DER 1 YEAR IF UNDER 24 HRS hs Doys Hours Min.
	ATION (Give kind of work dane 10 working life, even if retired)	HOME	DUSTRY 11. BIRTHPLACE (Sto	tucky	12.0	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MENT M	OYLEY	14. MOTHER'S MAIDER	N NAME	MEAI	DOR
15. WAS DECEASED (Yes, no, or unknown)	(If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	WILLIAM	A. PA	Address	#2
	immediate DUE TO	the tot (o), (b), and (c).	chief ofer	ufficie	Jene .	INTERVAL BETWEEN ONSET AND DEATH
PART II. 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO)	OTHER SIGNIFICANT CONDITION	one of	BUT NOT RELATED TO THE TE	rminal disease con	DITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING 20b. D NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury	in Port I ar Port II of i	tem 1B.)	
20c. TIME OF IN Hour a. p.	m. Whi	le Not while	PLACE OF INJURY (Hame, f factory, street, affice bldg.,		vn)	(County) (State
A	Mital	- 1 -	t death accurred at 4 M.D. ATTENDING PHYS. 22d. ADDRESS	19 (20) ta 8 My from the company of the company o	causes and an	9. O that (I) (we) last the date stated above 22b. DATE SIGNE
23a. BURIAL, CREMA	DIANES VII	23c. NAME OF CEMETER	//////	1410KIS)	City, tawn, or coun	

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	87	23 m	EDICA	L EXAMIL	ACK 2	CERTIFIC	AIE OI	DEATE	Reg.	Dist. N	0.	
	LACE OF DEATH	1. Co.		MAI	RYLAND	2. USUAL RESIDENCE 0. STATE		ased lived. If in		dence be	fore adm	ission)
b 7	. CITY OR TOWN (If outs and give nearest town)	iide carporate limits, wri	o RUPAL	c. LENGTH OF STA	Y IN 1b	Lake S		orporate limits, w	/	1	nearest ta	iwn}
1)	NAME OF HOSPITAL	OR INSTITUTION	1 1	pital, give street addr	,	/ d. STREET ADDRES		(Pasade	na, Ma	aryl	ON	RESIDENCE A FARM?
- 1	NAME OF DECEASED Type or print)	€ Geor	0	Middle Clayton		PoweLL	4. DATE OF DEATH	N	Sonth S	Day		Year 1960
5 . S	EX M	COLOR OR RACE	7. MARRII	DIVORCE		1-17-09	7	9. AGE (In year test birthday)	Manths	R 1YEAR Days	Hours	Min.
100 d	USUAL OCCUPATION luring most of working li	(Give kind of work fe, even if retired)		CIND OF BUSINESS O			tate or foreign		12. CI		S.A.	COUNTRY
13.	FATHER'S NAME	ohn W. Po	owell			Alice		ningham				
	WAS DECEASED EVER	IN U. S. ARMED FC yes, give war or dates of		SOCIAL SECURITY NO		FORMANT orge C. P	owell,		verna	Par	k,Md	
	Conditions, if any, gave rise to immediate (a), stating the und	WAS CAUSED BY: MEDIATE CAUSE (o which couse lerlying DUE TO		aidye						1	PAL BETW	erc _
TIFICATION						OT RELATED TO THE TI			GIVEN IN PA	RT 1(a)	19. WAS PERFO YES [AUTOPSY DRMED?
MEDICAL CERTIF	20g. EXTERNAL CAUSE PRIMARY or CONTR CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While		20e. PLAC facto	E OF INJURY (Home, ry, street, affice bldg.,	form, 20f. (Ci	ity or town)	(C	aunty)		(Slote)
	21. I certify that opinion death re-				ed obov		t / breezelt	Inspection le , Und	Inquetermined	, -	er 🔲	nd in niy
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	F. LINI	PRO	4.		M.D. CHIEF MEDICA ASSISTANT ME DEPUTY MEDIC	DICAL EXAMIN	NER []	2	8-1	4-6	
220 E	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	8-17-60				Cemetery		kridge,	Md.		(Stal	•}
	m. Cook, Inc		St.Pa	al Street			AUG 1 7		Carling &			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas execute the certificate, writing the word "pending" in pendi is Item, 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be forwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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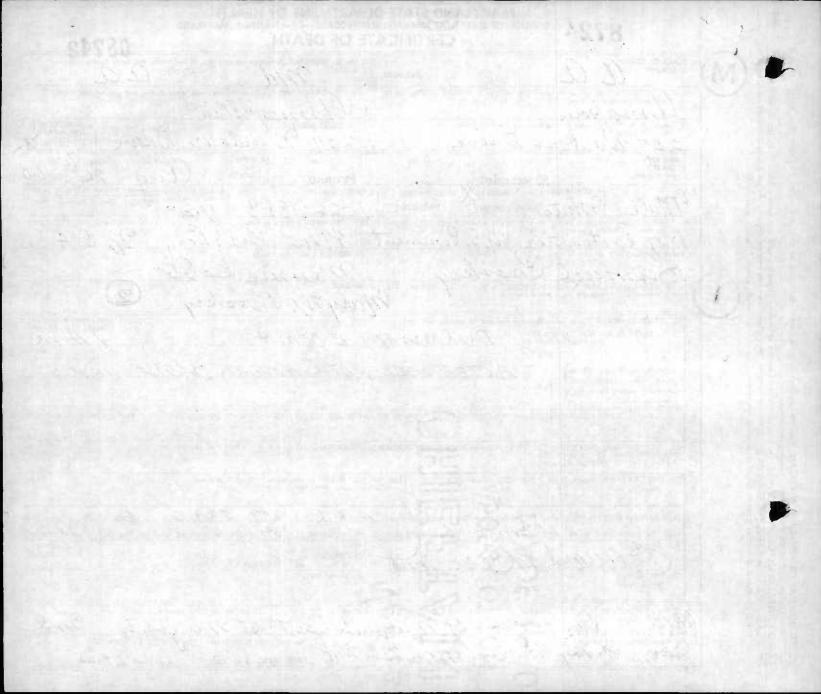
MARYLAND STATE DEPARTMENT OF HEALTH

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IVISIO	O NC	F ST	ATISTIC.	AL RI	ESEARCH	AND	RECOR	DS —	BALTIN	ORE	1, 1	MARYL	AND
			C	ER'	TIFIC	ATE	OF	DEA	HTA				

L	01	F-7	CERTIFICA	ATE OF DEAT	Н	0.8	749
1.	o. COUNTY	2	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived. If b. Co	institution: Residence b	efore admission)
	b. CITY OR TOWN (If ou RURAL and give neores		c. LENGTH OF STAY IN 16	c. CITY-OR TOWN	th outside corporate limits,	write RURAL ond give	nearest town)
	d. NAME OF HOSPITAL (OR INSTITUTION) 207	If not in hospital, give street and Notocer DN	ve	d. STREET ADDRESS	Vardour	Drive	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Alexander	Middle S	lost Proskey	4. DATE OF DEATH	Month	26 19 60
	Mule 9	White WIDOWED		B. DATE OF BIRTH	384 9. AGE (In lost birt	yrs. Months Day	
	porting most of working	Give kind of work done 10b. KI life, even if retired)	S. Gaverner	A Mew	Mort Ce	Ly 2/	S A
L	. FATHER'S NAME	cel Pros	Rey OCIAL SECURITY NO. 17.	14. MOTHER'S MAIDE	nie Col	Address	
1	es, no, or unknown) (If ye	[Enter only one cause per line	1	nary my.	Proskey	, (2)	NTERVAL BETWEEN
NO	Conditions, if ony, gove rise to immicouse (o), stating the lying couse lost.	ediote Dus TO		EPCUTTIC A		SEASE ON GIVEN IN PART 1(c	OYCS.
CERTIFICATION	20g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	TIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I or Port II of item	18.)	PERFORMED? YES NO
MEDICAL			Nat while	PLACE OF INJURY (Home, 1 factory, street, affice bldg.,		(Cour	nty) (State)
	21 I certify that (I saw the deceased 22a. SIGNOUR) 22c. PHTSICIAN'S NAME (Type)) (this haspital) attende alive an 33 ACC		death accurred of 3 Attending Phys. 22d. ADDRESS	MED. STAFF PHYS.		
4	Semoval (Specify)	lug 28-1960	23c. NAME OF CEMETERY	OR CREMATORY Casels Com	23d. LOCATION (City,	ugarelo	md.
24	FUNERAL DIRECTOR'S SI	Joen lu Sins	AMPRESS L	lig Md 250. R	EC'D BY REGISTRAR 25	DEGISTRAR'S SIGNA	ATURE

may be retained by the hold is attending physician.

Description of completely filled in by the funeral control of the filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be remained by the hor VR A15 (4) 15M 9/59



FOR STATE HEATH DEPT PERSE, TO DEPUTY MEDICAL MAINTER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certification within a specification of the funeral director. Part should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Treat or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MANY PARTY OF DEATH

		e. COUNTY	7.5	lang land	CE (Whare dace	A PV CON		Janca bar	ore admission)		
A A						A.A.		4			
	9	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2 hrs.	STAY IN 16	Millersvil	_	te limits, write	RURAL and gi	va naaresi	town)		
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS					IS RESIDENCE		
/	03	Severn River		S. Crain	in Highway						
)		NAME OF DECEASED (Type or print) Earl James Pumphrey	le	Last	4. DATE OF DEATH	Month		Pay	Y 60		
	5.	SEX 6. COLOR OR RACE 7. MARRIED A NEVER MA	RRIED 8.	DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA		NDER 24 HRS.		
		M WIDOWED DIVO	RCED	6/29/96		04 yrs.	Months Dey	's Hou	irs Min.		
	10a do	USUAL OCCUPATION (Give kind of work ne during most of working life, eyen i retired) Farmer (FCT-) Farmer for	in	Millersvil		γ)	USA	OF WH	AT COUNTRY		
T	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	DATE.					
	/	Walter Pumphrey	100	Susanna	Wade						
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITS, no, or unkown) (Ifyesgivawarordalesofsayire) 218-363		rs.Josephin	e Pumph	Address rey (wi	fe)				
		18. CRUSE OF DEATH [Enter only one couse par line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Coronary Occlusion Sudde									
	3	Conditions, if any, which (b)									
	3	gava rise to immediate cause (a), stating the underlying cause lest.									
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	BEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART 1(a		AS AUTOPSY ERFORMED?		
	1	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OCCURED. (En	tar neture of injury in Par	t I or Part II of its	m 18.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURR Hour a.m. p.m. 19 et work at work		E OF INJURY (Home, ferm ry, streat, office bldg., atc.		town)	(County)		(Stete)		
		21. I certify that I took charge of the remains describe	d above, held	d an Autopsy .	Inspection [, Inquir	YyV, a	nd in m	y opinion		
		death resulted from: Natural causes . Accident	, Suicio	de, Homicide	, Unde	termined m	anner _				
0		CHIEF MEDICAL EXAMINER									
N		SIGNATURE SUSSIGNATURE STRUCK	C. Son	M.D. ASSISTANT MED	ICAL EXAMINER			DATE	SIGNED		
		EXAMINER'S NAME (Type) Gustave H. Faubert, M.D.		DEPUTY MEDICAL Address (Streat, o		8/6/	60				
0	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR		22d. LOGATIC		or country)	m.	(Atoto)		
B	23.	FUNERAL DIRECTOR ADDRESS	Burns	Ad 240. REC	G 11 '60	R 24b. REGI	STRAPSSIGN	VINBE			
- 10		Garage		I DAIEMA							

THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH START TO STADISTICS CHARGES OF DRAFF Emilia atm. . C. ACC CALC THE WATER Total Control of the Control of the

Z v	X	8775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	144
Cremot Cremot	(M)	PLACE OF DEATH Lothian, Maryland o. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before on STATE Maryland b. COUNTY Anne Arundel	2 79
Page burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give near Lothian c. LENGTH OF STAY IN 1b Life c. CITY OR TOWN (If outside corporate limits, write RURAL and give near Lothian	est fown)
irector. es. prior ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	ON A FARM
yaur fil gaistrar		NAME OF DECEASED Edward First Middle Lost 4. DATE Month Doy OF DECEASED Hugh Rawlings DEATH 8 2	Year 19 60
ned far th the r		Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED NOTE: 14, 1915 (44) 19 yrs. 1. SEX 9. AGE In years Months Days H	OUTS Min.
and 3 i		00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farming 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Uwn Farm Waryland U. S.	
5 may b ges 1 an	5	Unknown Anna A. Shepherd	
3. Give Pages PM3. Page 5 mit. File page		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ves. no. or unknown) Unknown Ashby Shepherd - Lothian, Md.	
cil in Item 18. G g with form PM3 al-transit permit.	V	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Fractured Neck	L BETWEEN IND DEATH
ing" in pen Office alan ed as a buri	^		WAS AUTOPSY PERFORMED?
d 'pend ominer's ild be us		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Tractor overturned, pinned him under	
cal Exe e 3 shou	60	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 19 While of work of work A	(Stote) Md
hief OR: Page		21. I certify that I toak charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, AccidentX, Suicide, Hamicide, Undetermined cause	and find th
rtificate, write that the Chief. DIRECTOR:		ACTUAL SIGNATURE A. M. M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ATE SIGNED
orwarded FUNERAL	7	EXAMINER'S NAME (Type) Emily H. Wislon, M.D. DEPUTY MEDICAL EXAMINER (\$\) 8/2/	
forw TO FUN	0	Burial 8/4/60 Mt. Zion Cemetery Lothian Md.	(Stote)
. A15ME(5)	PI	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Upper Ritchie Brog. Fun'l Home-Nerlhoro Md. PATE AUG 9 '60 Chilling S. Hu	شبيم

Item 20 Film MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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I	tem 18 Fi	1m 269 8-1 Divisi 877	MAI ON OF	RYLAND STA STATISTICAL RESEA CERTIF	ARCH A	EPARTMENT (ND RECORDS — BAI TE OF DEAT	LTIMORE 1	LTH , MARYLAND	087	745	
1.	PLACE OF DEATH o. COUNTY Anne An	rundel		MARY	LAND	2. USUAL RESIDENCE (o. STATE Maryla		sed lived. If institution b. COUNTY	e Arund	-	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft Geo G. Meade C. LENGTH OF STAY IN 1b Since 30 June 60						outside cor	porote limits, write RU	JRAL ond give n	earest town	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Army Hospital					d. STREET ADDRESS		234			DENCE FARM? NO TO	
	NAME OF DECEASED (Type or print)	Fin		Middle E W.		Losi	4. DATE OF DEAT	A		2	eor 60
-	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🗍	Reeder B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
	Male	Cau	WIDOWI			30 June 196		was yrs.	Months Days	Hours	Min.
100	during most of work	ON (Give kind of work of king life, even if retired)	lone 10b.	N/A	R INDU	STRY 11. BIRTHPLACE (SI	ote or foreign vland	country)	12. CITIZEN O		OUNTRY?
13.	FATHER'S NAME			IV/ B		14. MOTHER'S MAIDE			1 05.	n	
	Thomas	L Reeder				Mary Wi	ilhem				
	1B. CAUSE OF DEA	R IN U. S. ARMED FOR (It yes, give war or dates of se NTH [Enter only one co NTH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per li	social SECURITY NO ne for (o), (b), and (c). Sepsi	1	Father) Box	234 Rt	# 2 Seve	rna Pk,	Maryl TERVAL BET NSET AND TERVAL BET TO THE TERV	TWEEN
	Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate (Absce	55 0	of leg & fu	runcle	of arm.			hrs.
CATION						NOT RELATED TO THE TE			EN IN PART 1(o)	PERFO	NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE!	D. (Enter noture of injury	in Port I or P	ort II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d. Ii While of wor		20e. PL	ACE OF INJURY (Home, f ctory, streel, office bldg.,	orm, 20f. (C	ity or town)	(Count	1)	(Stote)
		at (I) (this hospitol sed alive an2.		ded the deceased	from_	28 July death occurred ot 5		2 August		that (I) (v	
	220. SIGNATURE	I. mill	4	Jr.		M.D. PHYS.	MED. DIRECTOR [STAFF		ug 60	DATE SIGNED
	22c. PHYSICIAN'S NAME (TXPE)	R H. MILLER	, Car	ot., M.C.		USA Hosp	Ft Ge	o G. Meade	, Maryl	and	
	BURIAL, CREMATIC			23c. NAME OF CEM Baldwins		R CREMATORY Orial Ch, Ce		ATION (City, town, o		(Stote	
ev	FUNERAL DIRECTOR		0	Lest P. Was			EC'D BY REG	ISTRAR 25b. REGIS	TRAR'S SIGNAT		1

A Complete Manager and the complete of the com CONSTRUCTION OF A STATE OF A STATE OF THE PARTY OF THE STATE OF THE ST

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mape -St Margarets RFD Annapolis 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2442:11. registrar NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) 11291010 16 for 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE Iln years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 2 with the Months Davs WIDOWED DIVORCED Female 0 7970 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug pe House wife USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may pages Pages Tinnie Cook Charles A. Saunders Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Give Thomas P. Ridley Jr.-Box 23 RFD Annapolis 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Serdalder IMMEDIATE CAUSE (o) DUE TO with Conditions, if ony, which pencil burial gove rise to immediate couse alang DUE TO (o), stoting the underlying couse lost. D Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 CATION pending used 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exam 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) EXAMINER: 0 0 foctory, street, office bldg., etc.) While o. m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 6 death resulted from: Natural causes Accident Suicide | | Homicide . Undetermined cause certificate, w farwarded to the Chi ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) DREMOVAL (Specify) 0 DURIAL 23 EUNERAL DIRECTOP'S SIGNATUR **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Thous DATE AUG 1 8 '60 Annapolis, Mar land

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Year

PERFORMED?

DATE SIGNED

(Stote)

NO

(Stole)

Hours

YES NO 13

1960

5M 9/55

LEANAMINER'S DERTIFICATE OF DEATH		2137	
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20 30		07	0.

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	0 0 0 0	CERTIFIC	AIL	OI DEATH					*
1. PLACE OF DEATH				JSUAL RESIDENCE (WH	ere decease		on: Residen	nce before ad	lmission)
a. COUNTY	A - A -	MARYLAN	ID G	. STATE Md		b. COUNTY	Balt	imore	1
	(If outside corporate limits, v	write c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If o	utside corpo	rote limits, write F	URAL ond	give nearest	town)
RURAL ond give	nearest town)	1000000		Lochearn		Q	3X		
d. NAME OF HOSP	ITAL (If nat in haspital, give	street address)		d. STREET ADDRESS				e. IS	RESIDENCE
or Institution	ers Ave.			3619 Campfi	eld Ro	d.			S NO
NAME OF	First	Middle	-11	Last	4. DATE	Mor	nth	Day	Year
(Type or print)	AMMA	E.	ROBE		OF DEATH	Aı	ıg.	6.	19 60
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	1.	TE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF U	INDER 24 HR
female	1	DOWED A DIVORCED		ug. 23, 188	5	last birthdoy) 711 yrs.	Manths	Days Ho	Min.
0a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR IN		-	or foreign c	ountry)	12. CIT	IZEN OF WH	AT COUNTRY
Housewife	rking life, even if retired)	at home		Md.					
3. FATHER'S NAME			14	. MOTHER'S MAIDEN N	NAME				
Poney Den	nell			Mary Simons	3				
	ER IN U. S. ARMED FORCES		7. INFOR			Add	Iress		
(Yes, no, or unknown)	(If yes, give war or dates of service	none	Mr.	Raymond Ro	bey -	200 Cha.	lmers	Ave.F	erndal
	FATH (Enter only one course	per line for (o), (b), and (c).]							L BETWEEN
	ATH WAS CAUSED BY:	CODA NADU	Tu	ROM BOSI				ONSET	ND DEATH
1.0	IMMEDIATE CAUSE (a)	CORUNARY	1111	1000 1000	3			IM.	MED,
700	DUE TO	A-0-111012 /	1-11	DACALLI	2101	,	7.7	1	120
Conditions, if	immediate (CORONARYA	11116	ROSCLER	03/2)		2	1185
couse (o), stating	g the under- DUE TO								
lying couse lost	- / (-)	ONS CONTRIBUTING TO DEATH	PLIT NOT	BELATED TO THE TERM	INIAI DICEAC	E CONDITION OF	VENI INI DAI	PT 1/01/10 M	AC ALITOPS
PART II. O	THEK SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUTNOT	KELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEIN IIN FAI	PI	ERFORMED?
	AS IINOSPINING EL 1204	DECCRIPE HOW INVIDEN OCCU	IBBED /E-	to a finite in	Dart Las Par	et II of item IR \		YES	NO
	VAS UNDERLYING 20t IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JKKED. (EI	nier nature or injury in	rarr a ar rai	i ii or nem io.,			
	1	and hatting occurred 20.	- BLACE	OF INITION (Hamas Same	205 (C)		,	C	154-4
Y 20c. TIME OF INJU		20d. INJURY OCCURRED 20e While Not while		OF INJURY (Home, form street, affice bldg., etc		y or town)	(County)	(Stote
₽. m		ot wark at work						,	
21. 1 certify th	nat (I) (this haspital) a	ttended the deceased fro	m\$	- 5 19	60 ta_	8-6	, 19_4	S.D. that	(I) (we) la
saw the dece		-5 19 60 and th			M, fram	the causes as	nd an th	e date sta	ited abave
22a. SIGNATURE	P a fe			ATTENDING /		STAFF			22b. DATE
1	ren C. I	erry,	M.D.	PHYS. D	ED.	STAFF PHYS.			8-8-6
22c. PHYSICIAIA'S NAME (Type)		(1)		22d. ADDRESS			35.74		115
(17)001		V		ZOI BYA BU	UD, 5	LEN BUR,	VIE.		MD,
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)		(Stote)
REMOVAL (Specif	8/9/60	Western Ce	em .		Ba	alto. Md			
24. EUNERAL DIRECTO	R'S SPONTURE	ADDRESS /	1	25a. REC	D BY REGIS		ISTRAR'S SI	GNATURE	
11/m. 4	· Vukuer	- Yxourd - 184	ele	DATE A	UG 8	'60	Irllun .	8. Haus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the has the law attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and campletely filled in by the funeral of may be retained by the has a large of a attending physician.

Defined by the has a large of a certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, ar removal, and in any event with 72 hours after death.

VR A1S (4) 1SM 9/S9

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		Mary Land

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any deloy is necessary, please exe-	cer	+ pa	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	di.
PUT	the	orde	VER	or remaval.
DE	ote.	JEWE	FU	r re
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ACTUAL

SIGNATURE

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

	8					NT OF HEALT			18 Reg. Dis	יפת	7/10	
1. Pl	ACE OF DEATH COUNTY	A 60		MARY	LAND	2. USUAL RESIDENCE (V o. STATE Maryl		sed lived. If institu b. COUNT	tion: Residen			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis				c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF Bal ti		porote limits, write	RURAL and	give ned	arest town)
d.		TAL OR INSTITUTION (I	7	. / -	s)	d. STREET ADDRESS	E. Pr	att Stree	t		ON A	FARM?
-Di	AME OF ECEASED ype or print)	geor;		Middle G.	Ro	W 5505	4. DATE OF DEATH	Month		Doy 4	Yed 19	60
5. SE	x	6. COLÓR OR RACE	7. MARRI	D DIVORCED	-	April 25, 18	95	9. AGE (In years lost birthday) 65 yrs.	Months D		F UNDER	24 HRS. Min.
10a. du	usual OCCUPATI ring most of worki Pipe Fit	ing life, even if retired)	lone 10b. 1	KIND OF BUSINESS OR	INDUST	11. BIRTHPLACE (Sione	or foreign	country)		S.		OUNTRY?
13. F	ATHER'S NAME	?				14. MOTHER'S MAIDEN N	NAME	?				
	VAS DECEASED EV	VER IN U. S. ARMED FO	(eniron	SOCIAL SECURITY NO. 12-09-1383		rs. Anna Row	ssos,	Address 3311 E.	Pratt	St	reet	
		idiote cause	se per line	for (o), (b), and (c).]	Ch	sease					AL BETWEEN AND DEATH	
IFICATION	Oa, EXTERNAL CA	USE WAS 20				OT RELATED TO THE TERMI			EN IN PART		PERFOR	
	PRIMARY OF CO CAUSE OF DEATH.	DIRY Month, Day, Yea	r 20d.	INJURY OCCURRED 20	De. PLAC	CE OF INJURY (Home, farm ry, street, office bldg., etc.	7, 20f. (Cit	y or town)	(Cour	nty)		(Stote)

VS. A15ME(5) 5M 9/55

EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote) Howard County. Maryland

Undetermined couse

Meadowridge Memorial ADDRESS

21. I certify that I taok charge of the remains described above, held on Autopsy ...

240. REC'D BY REGISTRAR AUG 1 6 60 DATE

24b. REGISTRAR'S SIGNATURE

Inspection , Inquiry , and find that

DATE SIGNED

Lilly & Zeiler Inc.

8-18-1960

death resulted from: Natural causes

1901 Eastern Ave.

Accident .

M.D. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

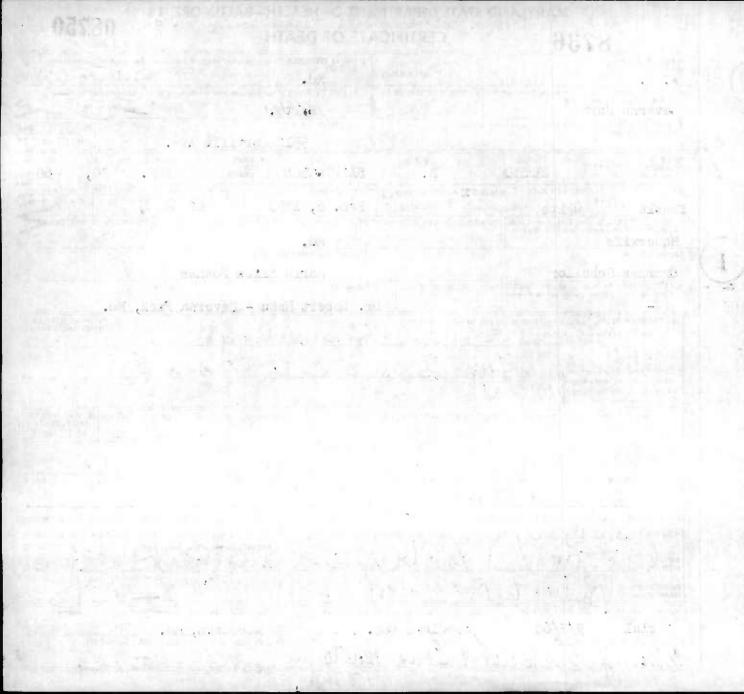
DEPUTY MEDICAL EXAMINER

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(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH

ORDS — BALTIMORE 1, MARYLAND
F DEATH

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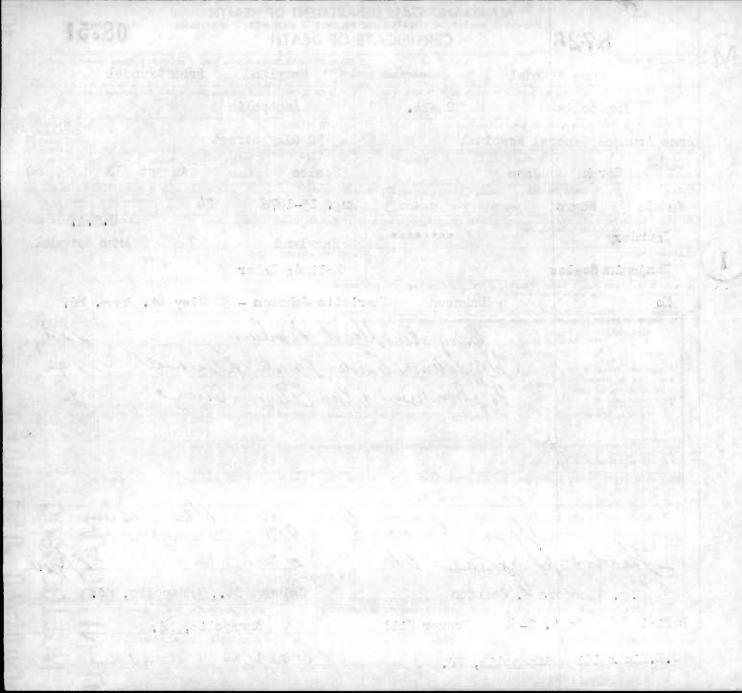
08751

	UIRU						
1. PLACE OF DEATH a. COUNTY	Anne Arunde] MARYLAND	2. USUAL RESIDENCE (V	There deceased land		an: Residence bet Arundel	fare admission)
b. CITY OR TOWN RURAL and give	(If autside carporote limits, nearest town) NAPOLIS	write c. LENGTH OF STAY IN 16 2 Wkt.	c. CITY OR TOWN (II	outside corpore	ote limits, write R	URAL ond give n	earest town)
OR INSTITUTION	PITAL (If not in hospital, giviel General He		d. STREET ADDRESS 32 Cla	y Stree	t		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	arah Jan	Middle	Lost Scales:	4. DATE OF DEATH	Aug		19 60
. sex Female	27	MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE OF BIRTH Aug. 13-18		AGE (In years less birthday) yrs.	Months Days	R IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPA: ducing most of w Lounder 3. FATHER'S NAME	orking life, even if retired)	ne 10b. KIND OF BUSINESS OR IND ********	Maryland	<u> </u>	intry)		Arundel
	n Scales		Malinda				
IS. WAS DECEASED E	VER IN U. S. ARMED FORCE	ice)	narlotte John	son - 32	Add 2 Clay S		. Md.
Conditions, if gove rise to cause (a), stotin lying couse los	g the under-	Hophoscleson to to DEATH BL	- Mari-Con	en N. Sevock MINAL DISEASE		VEN IN PART 1(a)	PERFORMED?
20a. ACCIDENT NO OR CONTRIBUTIN	G CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURP	ED. (Enter noture of injury i	n Port I or Port I	II of item 18.)		YES NO
20c. TIME OF INJ Haur o. m p. m	10		PLACE OF INJURY (Hame, fa octory, street, office bldg., e		ar town)	(Caunt)	y) (Stot
sow the dece	nat (1) (this hospitol) ased alive on 1	attended the deceased from 30 1960 and that	deoth occurred of	960, to_	-/		that (I) (we) la te stated abov
22a. SIGNATUR 22c. PHYSICIAN'S NAME (Type	dere V.	phone 116	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		8/5/60
Dr	Theodore 4.					olis, Md	*
23a. BURIAL, CREMAT	Sopt. 2-	23c. NAME OF CEMETERY Brower Hill	OR CREMATORY		ON (City, town,		(State)
24. FUNERAL DIRECTO		ADDRESS		C'D BY REGISTR	AR 2Sb. REGI	STRAR'S SIGNAT	URE
C.E.Hick	k III Anner	nolis Md.	DATE	EP 1 '60	and	hun & Kras	AA.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the has a contending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, ar removal, and in ony event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59



VR A1S (4) 1SM 9/59

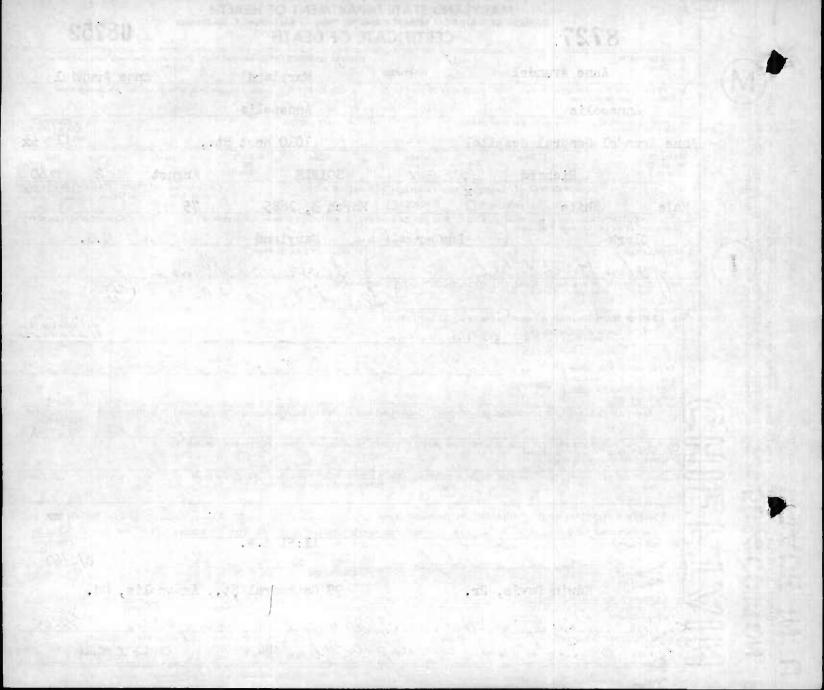
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08752

1. PLACE OF DEATH a. COUNTY	Anne Arunde	1	MARYLAND	I g. STATE	Maryl	Section 1	lived. If instituti b. COUNTY			re odmissi und e 1	
RURAL and give	(If autside carporate limits nearest tawn)	s, write c. LENG	TH OF STAY IN 16	E. CITY OF	Annap		ate limits, write f				
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, gi			d. STREET	ADDRESS						IDENCE FARM?
3. NAME OF	el General H	_	AAT JUR			West S		4			
DECE ASED (Type ar print)	Richard	GR	Middle EEN	SCI	BLE .	OF DEATH	Augus		2	,	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIR	тн		9. AGE (In years last birthday)	IF UNDER		IF UNDE	
Male	White	WIDOWED	DIVORCED	March	3. 188	5	75 yrs.	manins	Days	Haurs	Min.
10a. USUAL OCCUPAT during mast af wa Cler	ION (Give kind af wark dirking life, even if retired)		BUSINESS OR INC		PLACE (State		untry)	12. CIT	U.S		OUNTRY?
13. FATHERS NAME	n H. Ser	ble		14. MOTHER	US MAIDEN N	a lo	lluson	2			
15. WAS DECEASED EV	ER IN U. S. ARMED FORC		ECURITY NO. 17	Sarah	e.	Scil	ile Add	ress	2)		
	immediate (D)	Pare Pare (a),	(b), and (c).]) ef	1 R	este	to			RVAL 8ET ET AND	
lying cause last		VITIONIS CONTRIBU	TIMO TO DESTUR	VI NOT 051 1750			CONTRICTION	151.111.511	- 11	0 14/45 4	ALIZOBOV
CATIC	THER SIGNIFICANT COND							VEN IN PAI	(1 1(a) 1	PERFO	
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI8E HO	W INJURY OCCUR	RED. (Enter nature	af injury in I	Part I ar Part	II af item 18.)				
20c. TIME OF INJU Haur a. m. p. m.			while	PLACE OF INJURY factory, street, affi			ar tawn)	(Caunty)		(State)
The street	at (I) (this haspital)	///-		100	12	,.ta_2	746				enc) last
22a. SIGNATURE	ased alive an of	Jana 19	A and that	M.D. PHYS.	11:51 M	A.M. ED. RECTOR	STAFF PHYS.	nd an th	e date	22b	DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Edwin Dav	is, Jr.		22d. ADD 98		ral St	., Annap	olis	Md		
23a. BURIAL, CREMATI	" ang 5"	460 /Hz	elever	or crematory	recel	23d. AOCAT	ion (City, town,	Olis		State	rol
24. FUNERAL DIRECTO	PM, JEIN Lu	Suco ADI	PRESS	sola Ma		D BY REGISTE	0	STRAR'S SI			



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08753

	8728	ION OF	CERTIF		OF DE		MORE 1,	MARYLA	.ND	08	753	
1. PLACE OF DEATH o. COUNTY	Anne Arun	del	MARYI		O. STATE	ence (Wh			COUNTY -	Residence		./
b. CITY OR TOWN (RURAL ond give no	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			orote limits	, write RUI	RAL and giv	ve nearest	town)
Annapo			2 days		S	ilver	Spri	ng		15	74	-7
d. NAME OF HOSPI	TAL (If not in hospital, s	give street			d. STREET AD					-	e. 19	RESIDENC
Anne Arund	el General	Hospi	ital		8	08 51	igo A	ve.,				S NO
3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE		Month	1	Day	Year
(Type or print)	John		(NMI)		SEDLMAI	ER	OF DEATH	1	ugus	t.	19	19 6
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	1	DATE OF BIRTH	5.00		9. AGE (In years 1	FUNDER 1		JNDER 24 H
Male	White	WIDOW			June 2.	1900		60	rthdoy) yrs.	Months D	Days Ho	ours Mir
Oa. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLA	CE (Stote	or foreign o	country)		12. CITIZI	EN OF WH	IAT COUNT
Painter	king me, even il terrieo		aul Hetlick	Co.		Gern	any			U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN	AME					
JOHN SED	LMAIER			1200	ANN	IA AD	ELMANI	N				
S. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT	(E)			Addres	55		
(Yas, no, or unknown)	(If yes, give wor or dates of	service) 21	2-14-5187	Mrs.	Kather	ine '	L. Sec	dlmai.	er. 8	08 51	igo	A 170 .
Conditions, it of gove rise to it couse (o), stoting lying couse lost. PART II. OT	the <u>under-</u> DUE TO		North (Merula) CONTRIBUTING TO DEA	O / H OTH BUT NO	unip union ot related to - (a	IN USE	crui le hal diseas clar	SE CONSII	TION GIVE	N IN PART	P	VAS AUTOPERFORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (Enter noture of	injury in (Port I or Por	rt II of iter	n 1B.)			
Y 20c. TIME OF INJUE Hour o. m., p. m.	RY Month, Doy, Ye	20d. I While of wor	_ Not while _	20e. PLACE foctor	OF INJURY (H y, street, office	ome, form bldg., etc	20f, (City	y or town)		(Co	ounty)	(Sto
21. I certify the	at (I) (this haspita	l) attend	ded the deceased	fram	Aug. 7,	19	60, ta_	Aug.	9,	19 60), that	(1) (3434)
saw the decea	sed alive onA	ng.	2,1960 , and	that dea	th accurred	at	M, fram	the cau	uses and	on the	date sta	ated abay
220. SIGNATUR	elth. C	les	Coron	M.D	ATTENDING PHYS.	:50 P	M. ED. RECTOR	STAFF PHYS.			8/10	22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	A. L. Ande	rson			22d. ADDRES		te Ay	e.,	Annaj	polis	, Md.	~ ******
230. BURIAL, CREMATIC REMOVAL (Specify BURIAL	8/13/60	OF	23c. NAME OF CEME PROSPECT		REMATORY CEMETER	Y	23d. LOCA WASHI					(Stote)
24 EUNERAL DIRECTOR	S SIGNATURE I	NC.	STLVER SP	RING.	MD.	25a. REC'	D BY REGIS	TRAR 2		RAR'S SIGN		
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ARYLAND STATE DEPARTMENT OF HEALTH JISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) a. COUNTY b. COUNTY files. any delay is necessar. Pac Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporata limits. and 3 to the funeral director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva nearest town) Your Catonsville, Maryland Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? be retained State YES NO Anne Arundel General Hospital Somerset Road NAME OF 4. DATE Middle Month Yaar DECEASED OF (Typa or print) DEATH 19 Louise Sedwick August with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with ss 1, 2, and 3 bage 5 may 1 and 2 wit last birthday) Months WIDOWED X DIVORCED YES. Female hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 8. Give Pages 1, School Teacher Rtd Balto. County Md. within pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jos. B. Lambert Emma Jane Pavnter form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or datas of servica) in pencil in Item 1 Office along with Mr. Jos. B. Lambert - 342 E. University Pkwy none certificate should be executed 18. CAUSE OF DEATH Enlar only one cause per ting for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which (b) "pending" gave risa to immadiata causa 10 DUE TO (a), stating the undarlying Examiner 98 cause last. be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical NO pluous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part It of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 3 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) factory, streat, offica bldg., etc.) Hour a.m. Whila Not Whila at work at work prior OR: forwarded to 21. I certify that I look charge of the remains described above, held an Autopsy ... Inspection A and in my opinion ease execute the certific death resulted from: Materal couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATUR DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Spacify) OH à 40 6 Burial Woodlawn FUNERAL DIRECT VS. A15ME 5M 7/59

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may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After a certificate has been signed.	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be Nied with the registrar prior to burial, cremotian, or removal, and in any event within 72 haurs after death.	
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	MARY	LAND	STATE DEPARTM	NENT OF HEALTI	H-BAL	TIMORE, 1	8		
	873	p	CERTIFIC	ATE OF DEATH	Н		Reg. Dist. N	375	,
	PLACE OF DEATH o. COUNTY Anne Arunde	1	MARYLAND	2. USUAL RESIDENCE (W				fare admis	ision)
	b. CITY OR TOWN (If outside carporate lin RURAL and give nearest town) Annapolis	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		orate limits, write RL	JRAL and give i	nearest tow	n)
	d. NAME OF HOSPITAL (If not in hospital, ORUNSTITUTION Street	give street (oddress)	d. STREET ADDRESS 3 Carver St	reet				SIDENCE A FARM?
	NAME OF F DECEASED (Type or print) William	irst]	Middle McClain Simm	Lost	4. DATE OF DEATH	Augus		Day	Year 1960
5. :	SEX 6. COLOR OR RACE Colored	7. MARR	DIVORCED DIVORCED	B. DATE OF BIRTH February 28,	1905	9. AGE (In years last birthday) 55 yrs.	Manths Day	AR IF UND	ER 24 HRS.
100	usual occupation (Give kind of work during most of working life, even if retire Deliveryman	dane 10b.	KIND OF BUSINESS OR INDL 水水水水水水水水水水水水	JSTRY 11. BIRTHPLACE (Stole Annapoli				OF WHA	T COUNTRY?
13.	McClain Simms			Georgama		d			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FO s. no. or unknown] [If yes, give wor or dates of			INFORMANT Lleanor Simms-	. 3 Ca	Addr rver St.		is, M	d
	gave rise to immediate cause (a), stating the <u>under-</u>	o) (e for (a), (b), and (c).]	of Covern	unla	toris		NTERVAL B	
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT COI						EN IN PART 1(o)	PERFO	AUTOPSY DRMED?
L CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in	Part I or Par	t II at item 18.)			
MEDICA	20c. TIME OF INJURY Month, Day, Yo Hour a. §1. p. m. 19	20d. IN While at wark	Not while	ACE OF INJURY (Home, form ictory, street, office bldg., etc	n, 20f. (City	y ar tawn)	(Count	у)	(State)
	21. I certify that I attended the alive an Character Constitute Constitution of the co	decease 1. 196		n accurred at 4150		n the causes at treet, city ar town, 1		late stat	
	PHYSICIAN'S R. L. Richar	dson		Clay st.	Annap	olis, Mary	yland		
220	BURIAL, CREMATION, 22b. DATE THERE	OF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town, a	r county)	(Sto	ie)

23. FUNERAL DIRECTOR'S SIGNATURE E. Hicks 111

ADDRESS

240. REC'D BY REGISTRAR

Annapolis A. A. Maryland REGISTRAR 24b. REGISTRAR'S SIGNATURE

Annapolis. Meryland

DATE AUG 1 6 '60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8781 CERTIFICATE OF DEATH

Reg. DiQ 8.757

	1. PLACE OF DEATH o. COUNTY ANNE ARINDEL MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. MARYLAND b. COUNTY ANNE ARUNDEL					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WEEMS CREEK, ANNAPOLIS	b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ANNAPOLIS					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS WEEMS CREEK ON A FARM? YES NO					
	3. NAME OF First Middle DECEASED (Type or print) JOHN HENRY SMITH	Lost 4. DATE Month Day Yeor OF DEATH AUGUST 2 19 60					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	lost butbdoy) Months Days Hours Min					
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired General Labora US Gov	. Maryland USA					
	William J. Smith	Virginia Smith					
ì	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	John W. Smith- Son- Same as # 2					
3	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating like under. Lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	Minterval BETWEEN ONSET AND DEATH ONSET AND DE					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY IHome, form, foctory, street, affice bidg., etc.)					
	21. I certify that I attended the deceased from 195 alive on William 2, 1900, and that deceased from 195 and that deceased from 1	19, to Ing. 2, 1964, that I last saw the deceased ath accurred at					
	220. BURIAL, CREMATION, PRINCE THEREOF 22c. NAME OF CEMETER PRINCE TO THE PRINCE TO TH						
1	Burial Aug. 5,1960 Cedar Bluf: Address Hoppin Ruperal Hong Annapolis,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					

may be retained by the his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after leath. may be retained by the h

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO HOSPITAL OR ATTEND"

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	DIVISION OF	STATISTICAL KESEA
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1. PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (VO. STATE Mary		CC 11 1001	ence before admission)
b. CITY OR TOWN (I RURAL and give no Anna po		c. LENGTH OF STAY IN 16		f autside carporate limi		d giw nearest tawn)
OR INSTITUTION	AL (If not in hospital, give street Ceneral Hospi		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Albert	Middle	STANEK	4. DATE OF DEATH	Month	Doy Year 30 1960
s. sex		RIED NEVER MARRIED DIVORCED DIVORCED	April 23	9. AGE last		ER 1 YEAR IF UNDER 24 HRS Days Haurs Min.
during mast af work	ON (Give kind of wark done 10b. king life, even if retired) U.S.In(kind of Business or Indu	ohoCzechoslo	ovakia		S.A.
13. FATHER'S NAME	Martin Stanel		14. MOTHER'S MAIDEN	Unknown		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	nformant rank Stanel		Address Z	Zone 14 r Avenue
Conditions, if a gave rise ta i couse (a), stating lying cause lost.	mmediate (Atris chr	tre (.V	Lisin	/	ys.
20g. ACCIDENT WA	HER SIGNIFICANT CONDITIONS AS UNDERLYING 20b. DES C CAUSE OF DEATH MEDICAL EXAMINER	CONTRIBUTING TO DEATH POT	Emus			ART 1(a) 19. WAS AUTOPSI PERFORMED? YES NO
and I		Nat while fo	ACE OF INJURY (Hame, fo ctory, street, affice bldg., e	orm, 20f. (City ar taw etc.)	1)	(Caunty) (State
sounthe decease	ot (I) strict continue attended alive on Aug. 30		M.D. ATTENDING PHYS.	O P.M. MED. STAI	ouses and an t	he date stated about 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Maurice Klawan	S 23c. NAME OF CEMETERY C		gate Ave.,	Annapoli	
Burial (Specify)	9/3/60	Holy Redee	mer Cem.	Baltimo	re, Md.	
Schimune	s signature	me, Inc.		SEP 2 '60	25b. REGISTRAR'S	S. Kraua

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. may be retained by the has a continuate physician.

2 FUNERAL DIRECTOR: After its certificate has been signed by the attending physician and campletely filled in by the funes page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in any event, with 72 hours ofter death. may be remined by the has

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Reg. Dist. No.

(2)	1710				Reg. Dist. 140	•
1. PLACE OF DEATH o. COUNTY Anne	Arunde	MARYLAND	2. USUAL RESIDENCE (W o. STATE Md.	here deceased lived. If insti b. COUN	tution: Residence before	ore admission)
b. CITY OR TOWN (If autsid RURAL and give nearest to	e corporate limits, write	c. LENGTH OF STAY IN 16		autside carporate limits, writ	le RURAL and give ne	arest town)
Glen Bur		10 min.	Crowns	ville		
d. NAME OF HOSPITAL (IF IN A STITUTION - 1)	ed in hospital, give street	olen Burnie	d street address Herald	Harbor Ros	ıd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EdWARL	Middle Allens	Tinchcomb	4. DATE OF DEATH CLUCIUS	Wanth De	19 60
5. SEX 6. CC	olor or RACE 7. MARR	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Jan. 1, 192	3 9. AGE (In year lost birthdo	ors IF UNDER 1 YEAR Y) Manths Days yrs.	Hours Min.
100. USUAL OCCUPATION (Giver during most of working life Unaulieum	e kind of work done 10b. , even if retired)	kind of Business or inc tate Roads	Maryla Maryla		12. CITIZEN C	A .
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME -		
George	Stinchcomb)	Elsie	Moran		
15. WAS DECEASED EVER IN U. (Yas no. or unknown) Yes	ve proprop dotes of service)	SOCIAL SECURITY NO. 17 .8-14-2124	INFORMANT Leonard Sti		Address Cownsvill	Le, Md.
200 ACCIDENT WAS HND	DUE TO (c) INIFICANT CONDITIONS C		UT NOT RELATED TO THE TERM			19. WAS AUTOPSY PERFORMED? YES NO
	USE OF DEATH					
20c. TIME OF INJURY Mon	While	NJURY OCCURRED 20e. Not while of wark	PLACE OF INJURY (Hame, forr factory, street, affice bldg., etc	n, 20f. (City or town)	(County)	(State)
21. I certify that I calive an	nitended the deceas	/	, 19 60, to the accurred at 9 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		s and an the do	aw the deceased ate stated above. DATE SIGNED
PHYSICIAN'S Ernes		Id, M.D.		d. Grp., G.		
220. BURIAL, CREMATION, 221	3/6/60	Glen Have		Glen Burn		(State)
23. FUNERAL DIRECTOR'S SIGN Hopping and	- There	Glen Burni	24a. REC	D BY REGISTRAR 24b. R	EGISTRAR'S SIGNATU Carthur S. Kra	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be fixed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

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	O O C Ttems CERTIFICA	IE OF DEATH
	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Anne Arundel
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold
3	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS Rt. 1. Box 276 o. IS RESIDENCE ON A FARM? YES NO
	NAME OF First Middle DECEASED (Type or print) Henry	Stumof 4. DATE Month Day Yeor OF DEATH AUGUST 19 1960
S. S		B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF INDU	1/200.18// 85
13.	FATHER'S NAME Frederick Stumpf	14. MOTHER'S MAIDEN NAME
	s, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address - Flwood Stumpf #5 Grandview Rd., Arnolu INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (c) CA Pro-	tele unle.
CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO (D. (Enter noture of injury in Port 1 or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 20d. INJURY OCCURRED for the p. m	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stoctory, street, office bldg., etc.)
1	21. I certify that (1) (this haspital attended the deceased framsaw the deceased alive an 1916 19, and that a	death accurred at <u>SA</u> M, from the causes and an the date stated abav
1	22c. PHYSICIAN'S	ATTENDING MED. STAFF SIGNI M.D. PHYS. DIRECTOR PHYS. D
230	NAME (Type) Dr. Edwin Davis, Jr. BURIAL, CREMALION, 23b. DATE THEREOF 23c. NAME (CEMETERY O	Cathedral St., Annapolis, Md. OR CREMATORY 23d. LGC/MON (City, 10-m), or county) (Stote)
24.	FUNERAL DIRECTOR'S SIGNATURE JOORESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SUPNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. I are attending physician.

I are attending physician.

In the contribution of the contrib TO HOSPITAL OR ATTENDING may be retained by the had TO FUNERAL DIRECTOR: After

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. may be retained by the horaltal ar attending physician. TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shorts the registror prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,

8784	CERTIFICA	ATE OF DEATH		Reg. Dist. No.8762.
n. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	b. COUNTY	Anna Arunde
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Green Hav	utside corporate limits, write RI	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION NODE	t oddress)	d. STREET ADDRESS Catherin	e St.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Herbert	Ernest	Tribett	4. DATE Mont	Doy Yeor 30 1960
S. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH July 18 187	- lost hirthdoy)	Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Meggs Of		12. CITIZEN OF WHAT COUNTRY?
George W. Tribett		14. MOTHER'S MAIDEN N.	Johnson	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes. no or unknown] (If yes, give wor or dates of service)		nformant Belmar Tribe	ett Green	n Haven Md.
PART I. DEATH Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	nerolized Ca	reinomato.	sis	INTERVAL BETWEEN ONSET AND DEATH 6 MO.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CULAR DISE	USE	PEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)
21. I certify that I attended the decearative on AUG 29 , 199 ACTUAL SIGNATURE arthur Lands		M.D. 2934 M	M, fram the causes a DDRESS (Street, city or town, OUNTAIN R	and an the date stated above.
20. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	DENA, MD 22d. LOCATION (City, town, o New Martins	

240. REC'D BY REGISTRAR

SEP 2

DATE

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24b. REGISTRAR'S SIGNATURE

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within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

	8785	CERTIFICA	TE OF DEATH	one i, manisario	08763
	1. PLACE OF DEATH O. COUNTY Clane areal	Co MARYLAND	2. USUAL RESIDENCE (Where o. STATE maryland	deceased lived. If institution b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MUCLIANCE MA	38 days	c. CITY OR TOWN (If out	ide corporote limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	at address)	20 8 King M.	alcom 1	e. IS RESIDENCE ON A FARM? YES NO
0	3. NAME OF DECEASED (Type or print)	The Tuc	Key Last	DATE Mon OF DEATH	th 9 Day Year 196
		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BUTH 10/22/18	9. AGE (In years lost birthdoy) 8 3 yrs.	Months Poys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10) during most of working (12, experie celled)	Newspaper	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME John R moreke	sd.	14. MOTHER'S MAIDEN NA	rehead	
	(Yes, no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.11	NFORMANT Mollwood	- Manas	on millerande
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	emma		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if ony, which) (b)	Partio 11	ax Ans	Ciere	1 4ak
	gove rise to immediate couse (o), stating the under-lying couse last.	Sementy			
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE ERMIN	AL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTORS' PERFORMED?) YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	t I or Port II of item 1B.)	
	Hour Sa. m. Whi	6-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or form)	(County) (State
	21. I certify that (I) (this haspital) after	//-	1 0,0	18/7/	(%O, that (I) (we) la
Ŋ	saw the deceased alive and 220. SIGNATURE	1902 and that a	ATTENDING MED	1 _ STAFE/L	d an the date stated above
	PHYSICIANI NAME (Type)	ARYLAND	M.D. PHYS. DIRE	Que Cost	no 17/0

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. his certificate has been signed by the attending physician ond completely filled in by use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 TO FUNERAL DIRECTOR: After the local are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phyage 3 should be detached far use as the burial-tronsit permit. Then please remained the State Board of Health priar to burial, crematian, or removal, and in any every TO HOSPITAL OR ATTENDING

VR A1S (4) 1SM 9/59

BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF + 1960

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

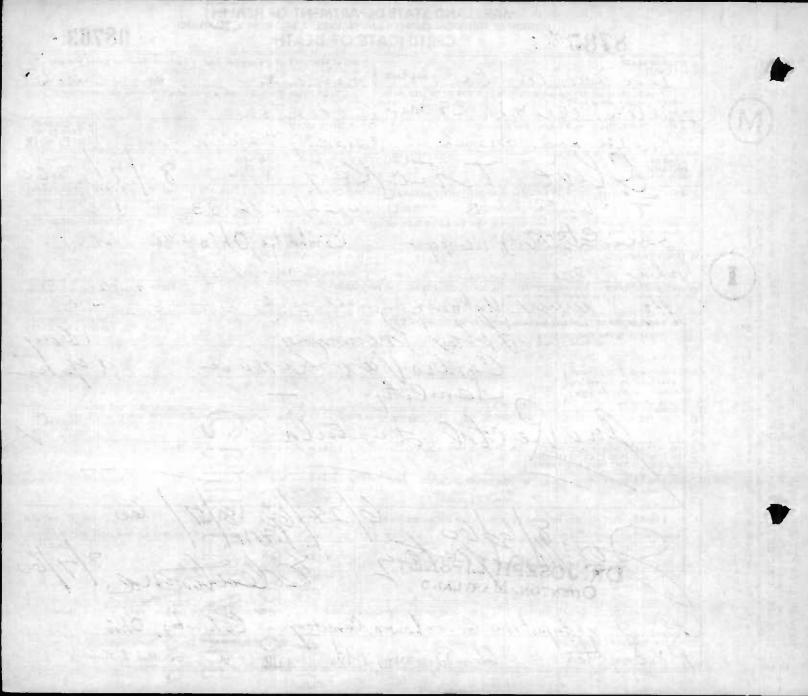
ADDRESS

25b, REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

DATE AUG 11 '60

arthur S. Kraus

(Stote)



1		tem 28 Film 27MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
o o		8733 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
she valo	M	1. PLACE OF DEATH o. COUNTY D. STATE D. COUNTY D. CO
Page 4 burial,		b. CIPT OR TOWN (It outside corporate limits, write RURAL ond give nearest town) And give nearest town) C. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
rectar.	X	d. NAME OF HOSPIPATOR INSTITUTION (If pat in hospital, give street oddress) 40/00 evelou lue 40/00 evelou lue 40/00 evelou lue 9 NO MARAN?
y delay neral di rour file gistrar p		3. NAME OF PECEASED (Type or print) PAROLINICA NORTH DAY YEAR OF DEATH R- 17 1960
the fur		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAYE OF BIRTH FIMULS 9. AGE (In years last birthday) WIDOWED DIVORCED ALST 17 1958 9. AGE (In years last birthday) Months Days Hours Min.
and 3 to and 3 to be retained	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during night of working life, even if retired)
1, 2, may b	(I)	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME
ve Pages Page 5 File page	· ·	13-WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. WROMANT It yes, give wor or doles of service) Address Add
18. Giv PM3.		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:
ith form		922,0 DUE TO
pencil in Iter slong with for buriof-transit	V	Conditions, if any, which gave rise to immediate couse (a), staling the underlying couse last,
fice os a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
pendi iner's be use	0	YES NO YES YES NO YES
he ward cal Exam	02	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Nol while of work of work factory, street, office bldg., etc.) Home Annapolis A Md.
Page	Va	21. I certify that I took charge of the remains described above, held on Autapsy , Inspection , Inquiry , and find the
writhief OR:		deoth resulted from: Natural couses. Accident , Suicide , Homicide , Undetermined cause .
tificate, write the Chief	2	ACTUAL SIGNATURE ALL KORCH M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ute the cer prworded t	Joval.	EXAMINER'S SALIN HAR OF DEPUTY MEDICAL EXAMINER & 8/17/60
cute the farward o FUN	or rea	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
'S. A15ME(5	5)	23 EUNERAL DIRECTOR'S SIGNATURE JOHN M. Layu: Um Chromopolis My Date AUG 2 2 '60 Coulon & France

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8734 CERTIFICATE OF DEATH 08765

		TAM B KI IMI	A Market State	0:			
PLACE OF DEA O. COUNTY	Anne Arundel	MARYLAND	o. STATE		b. COUNTY		
b. CITY OR TO RURAL and a	WN (If outside corporate limits, write give nearest town)	c. LENGTH OF STAY IN 16 2 mos. 5 da.	1			d give nearest	town)
OR INSTITU	TION		Rt-3, Bo		h Haven,	0	N A FARM?
DECEASED	REUBEN Rubin	Middle .	WASTLER	4. DATE OF DEATH	Month August	Doy 5	Yeor 19 60
S. SEX Male	7.77 . 7 4		B. DATE OF BIRTH October 1. 19	lo	GE (In years of UNDE Months yrs.	_	
MAINTA	Anne Arundel CITY OR TOWN (If outside corporate limit, write C. LENGTH OF STAY IN 1b 2 2 mos. 5 ds. NAME OF WORDSTAL (If not in hospital, give street oddees) NAME OF WORDSTAL (If not in hospital, give street						
b. COUNTY Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nagret from) CRINGING OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) NAME OF DEATH AUGUST DOLL OCCUPATION OF HACE (If year) I S. SEX 6. COLOR OR RAC (If year) I S. ANABE (If year) I S. ANABE (If year) White WIDOWED DIVORCED OCTOBER (If year) I S. ANABE (If year) I S. AN	FR						
{Yes, no, or unknown}		214-03-9397 M	RS. ROSE E	. WAS	TLER	#2	
Conditions gave rise couse (o), st lying cause	immediate CAUSE (o) DUE TO if ony, which to immediate oring the under-	arcinema	of pancrea	4 -		3	Jrs.
PART						PE	ERFORMED?
20c. TIME OF Hour	o. m. Whi	le Not while fe	LACE OF INJURY (Home, far actory, street, office bldg., et	m, 20f. (City ar t	own)	(County)	(Stote)
saw the							
le	chand &XX	elle	M.D. PHYS.	MED S	TAFF HYS.	8,	1_ ISIGNED
NAME (T	'vne'	ler		iral St.,	Annapolik	, Md.	
		0 11 0	_ 1 4 4	ANN	(City, town, or county) APOL 19) N	(State)
	4		A 4		25b. REGISTRAR'S	SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8786 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND bUCITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 36 c. ÆITY OR TOWNLIS outside corporate limits, write RURAL and give nearest town) RURACIand give nearest Jown) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ABORESS e. IS RESIDENCE OVINSTABIL ON A FARM YES NO NCL NAME OF Middle 4. DATE Month Year DECEASED Elizabet (Type or print) DEATH 196 0 & COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdoy) Months Davs Hours WIDOWED Y DIVORCED [papers. USUAL OCCUPATION (Give kind of work done 10b. XIND OF BUSINESS OR INDUSTRY dring most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? touse whe puo carbon 13. FATHER'S NAME physician move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. **INFORMANT** or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 3 day DUE TO any Conditions, if ony, which gove rise to immediate be **DUE TO** couse (o), stoting the underlying couse lost. ain PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) (County) Hour o.m foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from.__ __, 19.59, ta _____ 1960 that I last saw the deceased 6.50PM, fram the causes and an the date stated above. and that death accurred at ACTUAL SIGNATURE 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF GEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) **EMOVAL** (Specify)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR DATEAUG 3 0 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 5.6,7 FilmG269 8-29-60 et CERTIFICATE OF DEATH 08767 8787 Reg. Dist., No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence the ore admission) a. COUNTY L b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN /If autside carporate limits, write RURAL and give nearest town) RUKAL and give nearest town) P 1xelle d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF 4. DATE Month Day Year DECEASED (Type or print) Woodfield DEATH 1960 Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Male WIDOWED | DIVORCED | White papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND QF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME offer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (NA EUTE DUI I MONATY edema 4 hrs. DUE TO Conditions, if any, which (b) Coronary atherosclerotic heart disease 1950 gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) coronary thrombosis 1955 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 1 bronchial asthma 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) Hour a. m. foctory, street, office bldg., etc.) Not while at work at wark 21. I certify that I attended the deceased from 1941 , 19 , to Airg 19 , 1960 , that I last saw the deceased 1860____, and that death occurred at 9:57PM, from the couses and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Surrect M.D. Amos Garrett Blvd. PHYSICIAN'S NAME (Type) S. Borssuck, M.D. Annapolis, Ma FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 AUG 25'60 Chilling & Kings

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attending physician

HOSPITAL

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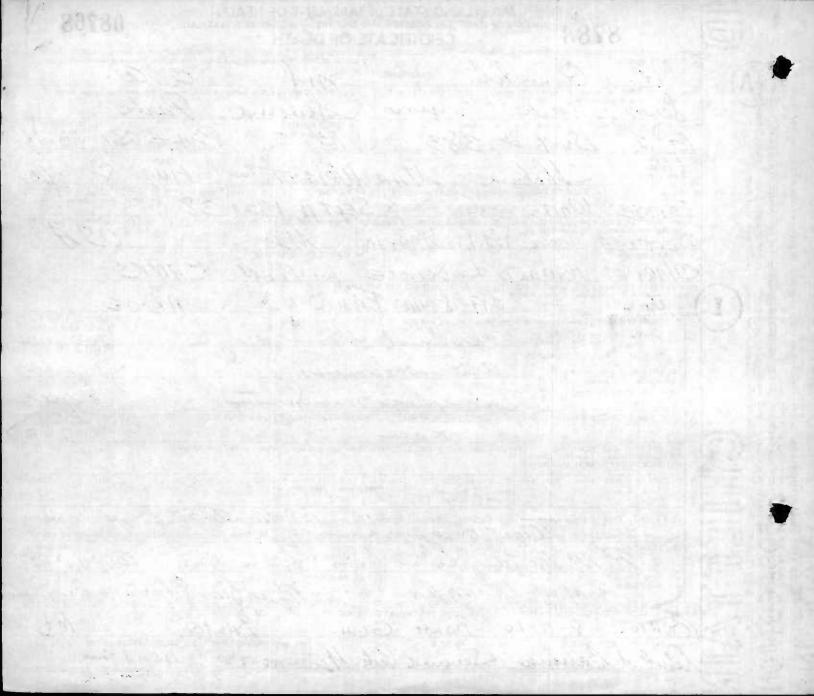
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08768

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) RUKAL and give nearest town) d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREEL ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF 4. DATE Middle Year filled ges 1 DECEASED OF Pages death. (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH completely last birthday) Months Days Hours WIDOWED | yes papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1 . BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address event. attending ease CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) DUE TO px permit. Conditions, if ony, which gned (h) gove rise to immediate **DUE TO** cause (o), stoting the underpeen si lying couse lost burial-transit 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH OS 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) foctory, street, office bldg., etc.) Haur a. m While Nat while of work at work p. m 21. I certify that (I) (this hospital) attended the deceased fram Illuria 1960 that (I) (we) last detached hc TO FUNERAL DIRECTOR: A page 3 should be detach and that death accurred at ____M, from the causes and an the date stated above. saw the deceased alive and 22o. SIGNATUR 22b. DATE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 the Stat BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) MOVAL (Specify) 24. FUMERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Orthus S. Krous VR A15 (4) DATE AUG 1 2 '60 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2729

CERTIFICATE OF DEATH

08769

0.10.7				Keg.	DIST. NO.			
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Whe			idence before o	odmission)		
Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b		Maryland Baltimore						
		c. CITY OR TOWN (If ou	itside corporate lim			town)		
RURAL ond give neorest town) Crownsville 9mo.	years I day	- Baltimore			3 101	.4		
d. NAME OF HOSPITAL (If not in hospital, give street address)	I day	d. STREET ADDRESS			0.1	S RESIDENCE		
Crownsville State Hospital		1122 N. Ful	ton Aven	ıe e		ON A FARM?		
3. NAME OF First	Middle	Lost	4. DATE	Month	Day	Yeor		
(Type or print) Joseph		Young	OF DEATH	8	9	1960		
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGI		DER 1 YEAR IF			
Male Negro WIDOWED	DIVORCED	December 5, 1	893 66		hs Days H	ours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12.		VHAT COUNTRY?		
Laborer		Maryland			U.S.	A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
Franklin Young		Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. 1	NFORMANT	24677	Address				
Unknown (If yes, give wor or dates of service) Unknown	m	Hospital Reco	rds					
18. CAUSE OF DEATH [Enter only one couse per line for (o),	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: Bilateral	PART I. DEATH WAS CAUSED BY: Bilateral Hypostatic Pneumonia							
4-2 2 1 DUE TO					18 - 11			
Conditions, if any, which) Arteriose								
gove rise to immediate	gove rise to immediate (NISTO							
Luine source lead	couse (o), storing the under-							
, (-)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT Chronic Brain Syndrome Associ 200. Accident was underlying OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					P	ERFORMED?		
20c. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCT		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		n)	(County)	(Stote)		
p. m. 19 of work of w								
21. I certify that I attended the deceased from	11/8	, 19 55, to	8/9	19 60 the	t I lost sow	the deceosed		
	alive on 8/9, 19 60, and that deoth occurred at 3:30A.M., from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
SIGNATURE / / LUCIUM COMPANIE State Hospital, Md. 8/9/60								
M.D. OZONITOVIZZO BOODE OGZĘ MAZO								
PHYSICIAN'S L. Benedict, M. D.		Crownsvill	e State 1	Mospital,	Md.	8/9/60		
20. BENEVAL (Specify) 21b. DATE THEREOF 22. NAI	ME OF CEMETERY O	Skarefal	20d. LOCATION (C	city, town, or coun	200	Stole) Stell		
23. FUNERAL DIRECTOR'S SIGNATURE ADD	RESS	240. REC'D	BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	ma all		
Um Kerelt 1084	U. Wash	DATE	AUG 1 8 '60	C1.11	un S. Head	UA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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2075 E. m. ma and	S Y S S D CERTIFICATE OF DEATH
	Commence of the state of the st
By Charles To Bridge To	
Caylan	
William Control of Mary and Ma	